

MOCHA

coalition

“KEVIN’S ROOM”

Three Day Training

PARTICIPANT’S HANDBOOK

Sponsored by:

The MOCHA Coalition

in partnership with

The Chicago Department of Public Health

Handbook Designed, Researched and Edited by

Victor R. Pond

Training Coordinator

MOCHA Coalition

Chicago Department of Public Health

HIV/AIDS Public Policy and Programs

DePaul Center, 333 S. State Street

Chicago, IL 60604

MOCHA

coalition

PARTICIPANT'S HANDBOOK

OMH-RC Knowledge Center
5515 Security Lane, Suite 200
Rockville, MD 20850
1-800-444-6472

The MOCHA (Men Of Color HIV/AIDS) Coalition is:

C.A.L.O.R. A Division of Anixter
3220 W. Armitage
Chicago, IL 60647

The Greater Chicago Committee (GCC)
4549 W. Washington Blvd.
Chicago, IL 60624

**The Minority Outreach Intervention Project
(MOIP)**
1356 S. Michigan Ave.
Chicago, IL 606

The South Side Help Center (SSHC)
11300 S. Halstead St.
Chicago, IL 60628

Horizons Community Services (HCS)
961 Montana St.
Chicago, IL 606

Howard Brown Health Center (HBHC)
4025 N. Sheridan Road
Chicago, IL 60613

Test Positive Aware Network (TPAN)
1258 W. Belmont
Chicago, IL 606

Vida/SIDA
2703 W. Division
Chicago, IL 60622

In Partnership with:
The City of Chicago Department of Public Health
333 South State St.
DePaul Center
Chicago, IL 60604

Kevin's Room

Why we made this film.

Across the country the AIDS pandemic continues to thrive taking the lives and well-being of millions. In the United States, AIDS is still a leading cause of death in the most productive members of our society and in the most vulnerable communities in the country. A study conducted by the Centers for Disease Control and Prevention revealed that in six urban cities a startling 34% of all African-American gay and bisexual men are infected with HIV. This rate is equivalent to that of sub-Saharan South Africa where entire communities are being completely wiped out.

The epidemic in the United States is complicated by the fact that gay and bisexual men, who represent the largest proportion of those impacted by HIV, are often stigmatized and marginalized by our society. Many members of religious sects openly justify the oppression of gays and often advocate violence and even the death of these individuals. This in spite of the voluminous research which demonstrates that being heterosexual, homosexual and bisexual are normal and natural manifestations of the human condition.

There is a deafening silence in the African American community about AIDS and gay men. This silence comes from the same place of fear and shame that has served to protect us from the evils of racism and oppression when speaking out was a dangerous act reserved for martyrs and fools. We have learned however that in the words of Audre Lorde "our silence will not protect" us against this virus.

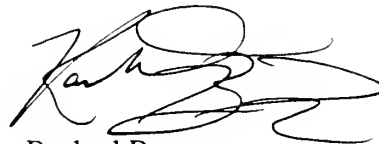
Kevin's Room was made to assist members of African-American communities in having the tough discussions about gay and bisexual men and AIDS. It is because of AIDS that many young black men across this country were forced to reveal to their friends and families that they were gay and living with a fatal disease. For many this meant isolation and exile, for others it meant acceptance and love. We are fortunate that new medications have given many people living with HIV longer and healthier lives. However, new infections are still occurring everyday.

It is our hope that this film encourages members of our community to examine our feelings, open our hearts and talk to each other. In the African-American tradition it is always through the sharing and caring that communities come together for a common cause. This is a cause that is indeed worth it.

Sincerely,



Lora Branch
Director, Office of Lesbian and Gay Health



Rashad Burgess
MOCHA Director

Listening As Healing

When I ask you to listen to me
and you give me advice
you have not done what I ask.

When I ask you to listen to me
and you begin to tell me why I shouldn't feel that way
you are telling me to deny my feelings.

When I ask you to listen to me
and you feel you have to do something to solve my
problems, you have failed me, strange as that may seem.

Listen – all I ask is that you listen –
not talk or do – just hear me.
You're trying to cure me, not hear me.

The giving of advice can never take the place of the
giving of yourself.
I'm not helpless or hopeless....

When you do something for me that I can and need to do
for myself, you contribute to my fear and weakness.

But when you accept as a simple fact that I do what I feel,
no matter how irrational that may seem to you,
then I quit trying to convince you, and get about the
business of understanding what's behind this irrational
feeling.

And when that is clear, the answers are obvious,
and you know what....your listening made that possible.
Irrational feelings make sense when we
understand what's behind them.

Perhaps that's why prayer works, sometimes, for some people,
because God is still and the assurance of His listening
opens up the soul to receive the clarity needed
to walk through the darkness and confusion
to a place of truth and power.

So, please listen, listen and just hear me...and we can both keep in mind that there are
important times in our lives when we just need to be heard, not cured.

Author Unknown

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PREFACE

Thursday May 31 10:08 AM ET

Study: HIV Rate High Among Young Black Gays

By Paul Simao

ATLANTA (Reuters) - Young gay and bisexual men, especially in the black community, are becoming infected with HIV at rates like these groups had when the AIDS epidemic peaked in the mid-1980s, the Centers for Disease Control and Prevention said on Thursday.

In a study released to mark the 20th anniversary of the discovery of AIDS, U.S. health experts said that the virus might be poised to make a strong comeback, particularly among gay and bisexual males between the ages of 23 and 29.

The CDC said insufficiently targeted health education programs, growing complacency in the wake of successful drug therapies and the continuing stigma attached to AIDS patients could be responsible for the alarming rise in infection by HIV, the virus that causes AIDS.

The Atlanta-based federal agency followed a group of 2,942 young bisexual and gay males in six U.S. cities from 1998 to 2000 and found that every year an additional 4.4 percent tested HIV-positive. The rate of new infection for blacks in the group was 14.7 percent, almost six times the 2.5 percent rate for white members of the group.

"These are explosive HIV incidence rates," said Dr. Linda Valleroy, the CDC epidemiologist who led the study.

SAMPLE NOT REPRESENTATIVE?

The CDC admitted that its small sample might not be representative of all gay men, but it described the study's findings as a "critical" public health matter.

CDC researchers noted that the new HIV infection rates it found among young gay and bisexual black males were comparable to rates recorded in parts of Africa, considered the continent hardest hit by AIDS.

One-third of all U.S. black gay and bisexual males under the age of 30 are HIV-positive, according to the CDC.

"With the exception of Botswana, if you are black, gay and under the age of 30 in New York, Chicago, Los Angeles, Detroit or any urban area, you are more likely to be HIV-positive than if you live in the hardest-hit areas in sub-Saharan Africa," said Phill Wilson, executive director of the African-American AIDS Policy and Training Institute.

The CDC, which hopes to cut the annual rate of new HIV infections in half within five years, said there was an urgent need to expand HIV prevention programs to young gay males and others at high risk.

20 YEARS OF A DISEASE

The new data provided a sobering snapshot of the AIDS epidemic, which has killed more than 21 million people around the world, including nearly 450,000 Americans, since it was first diagnosed in June 1981.

The human immunodeficiency virus, which destroys the immune system and leaves victims vulnerable to an array of opportunistic infections and aggressive cancers, is the leading cause of death in Africa and the fourth leading cause of death globally.

An estimated 1 million Americans have been infected since the virus began spreading quickly in the early 1980s through unprotected sex, intravenous drug use, blood transfusions and workplace accidents.

The deaths of actor Rock Hudson, tennis star Arthur Ashe and Ryan White, a young U.S. hemophiliac, highlighted the plague's indiscriminateness.

"This virus goes where ever it's taken. And it doesn't really care what color you are; it doesn't care whether you are heterosexual or homosexual," Dr. David Satcher, the U.S. surgeon general, told reporters in a conference call on Wednesday.

40,000 NEW CASES A YEAR

Although HIV has stabilized in the United States at a rate of about 40,000 new infections per year, down from a peak of 160,000 infections in the mid-1980s, the public should not become complacent, Satcher warned.

"We cannot be comfortable in any way about the situation. There are about 300,000 people in this country who are infected and don't even know they are infected," he said.

Ironically, the battle against AIDS may have been undermined by the discovery of new drug therapies to combat the disease, including the introduction of powerful combinations, or cocktails, of anti-viral drugs.

Some health experts believe that the new drugs, which help keep the so-called viral load in a patient's body at a manageable level, have led to complacency about the epidemic and a return to risky sexual behavior, especially among young gay and bisexual men.

Wilson, of the Policy and Training Institute, also cited the stigmas in the black community attached both to being gay and to having AIDS -- attitudes that may prevent people from being tested and leave educational programs ineffectually vague.

“Many of these young men were children when the epidemic started,” he said. “There is a perception that AIDS affects older men.”

(With additional reporting by Will Dunham in Washington)

Introduction to the “Kevin’s Room” Two Day Training

“We are responsible for the world in which we find ourselves, if only because we are the only sentient force that can change it.” James Baldwin

The AIDS epidemic in general and it’s manifestation among gay and bisexual African American men living in Chicago in particular have provided ample justification for this training. In addition to this statistical fact, there are other countless historic elements (past and current) that in one way or another have set the stage for this epidemic to manifest itself the way it has among this population.

These two (hopefully exiting) days of Training, are an attempt to provide you with an environment that allows for open, honest, challenging interactions with other fellow Care Providers. It’s designed on the premise of Interactive learning and basic principles of Adult learning as well. What this means essentially is that there will be a minimum of lectures and mostly structured learning opportunities for you to explore thoughts, feelings, ideas and beliefs you may have specifically around working with gay and bisexual African American men.

It is impossible to address every single [salient] issue in these two days. However, the expectation is that some “seed” will be planted to encourage further growth and expansion in your conceptualization of the emotional, psychological, sociological and spiritual needs of these men.

As a Care Provider, you will need to be armed with all the necessary “tools” to deliver care effectively, at the same time remaining cognizant of the role you play in being a dependable ally and not merely a duplicator and/or enforcer of people’s oppressions.

We hope you will walk away feeling your time as been well spent and that you will look forward to a more meaningful interaction with these men committed to your able care.

Suggested Workshop Ground Rules

Confidentiality:

What is said here, stays here. If you need to talk to people outside the training about what was said or about what transpired, please do so without identifying members.

Take a Risk

You may be asked to try out new methods and/or approaches to counseling. You may also be asked to give yourself permission to explore aspects of your belief system you may have never questioned before. We encourage you to take advantage of this experience to expand on your skills and self-awareness.

All Feelings Are Valid

The main theme to any type of counseling is feelings. As you talk about your feelings, be assured that no feeling is inappropriate. Everyone is entitled to and has responsibility for his/her feelings. Consequently we don't engage in attacking ("dissing"), judging ("how can you say that!"), blaming ("...you had no business....."), rescuing ("what he/she was trying to say was...").

Parallel Processes

At different points of these two days you may experience a wide range of feelings, some of which will be extraordinarily similar to the feelings your clients will have in counseling/outreach sessions with you. This is another great opportunity to "see" the world through the eyes and ears of your clients and simultaneously increase your empathic abilities.

Work Within Your limits

It's okay to say "no" when your limit has been reached. However, part of this experience is to examine the difficulties, anxieties and struggles our clients experience when negotiating sex, relationships or asserting their needs. Pay attention to your reactions and use that experience as another window to better view the world from your client's perspective.

Attendance

Your commitment to being present for the two days of training is essential both to yourself and to the other participants. Consequently, it's important that you arrive at the training at the appointed time and return from all breaks as accorded in order to maintain continuity in the group process.

2 Day Training Overview

This Training was designed with the awareness that many Counselors, Outreach Workers, Administrators and other Helpers in the field of HIV/AIDS are daily confronted with a myriad of issues ranging from: homophobia, violence (including domestic), addiction, death and loss, etc. All of which can potentially rob people of their energy and potentially lead to burnout.

The irony is that these issues never remain “external.” It is the norm for people working in this field to be personally confronted, impacted and/or affected by the very issues they seek to ameliorate in the lives of those served (i.e., clients, patients, etc.).

This Training provides a learning environment that encourages Participants to explore effective ways to “help” as well as opportunity for them to explore and examine their attitudes, belief systems and values as they relate and impact on their ability and willingness to provide non-judgmental, affirming and compassionate care.

In addition, this Training is designed to provide opportunities for people to incorporate information, concepts and paradigms into their existing services for gay and bisexual African American men or to assist in the visualization necessary to create such services.

Much of the workshop focuses on the “helper’s” attitudinal issues. Consequently, much of the work is around minimizing [ideally eliminating] biases that can potentially abort genuine health care provision.

There will be a written evaluation at the end of each day to allow Participants to express their views, concerns, suggestions, etc.

Target Audience

This course is designed for anyone who is engaged in providing care [at any level] to gay and bisexual African American men (including non-gay identified men who have sex with men).

Pre-requisites

Have demonstrable clarity around updated Medical/Technical information on HIV/AIDS. Participant could have acquired this knowledge via formal or informal channels (i.e., The Red Cross Training, on the job training or any other reliable source).

3 Day Training Objectives

As a result of attending this Training, Participants will:

- Explore, understand and apply “active listening” skills.
- Identify basic Core Qualities of effective Helpers.
- Identify basic Core Qualities of effective Support Groups/Systems.
- Develop and understanding for the need to embrace and affirm cultural differences in health care.
- Apply and practice basic Conflict Negotiation skills.
- Develop some awareness of their own personal feelings, values, attitudes and beliefs about Sex and Sexuality and how these might impact on their counseling/helping skills.
- Explore and understand the intersection of different forms of oppression as they relate to providing quality care to gay and bisexual African American men.
- Develop a personal Action Plan.

Course Outline

DAY 1

- Unit A: Welcome and Housekeeping
- Unit B: Introductions and Group Guidelines
- Unit C: Course Overview and Objectives
- Unit D: Course Outline
- Unit E: The Warm-Up
- Unit 1: Core Qualities of Effective/Culturally Competent
Helpers/Support Groups/Support Systems
- Unit 2: Values Clarification
- Unit 3: Kevin's Room

Evaluation

DAY 2

- Unit 5: Sexual Healing
- Unit 6: Classroom Reading Assignment

Evaluation

DAY 3

- Unit 7: Counseling and Testing Issues
- Unit 8: Designing/Implementing an Agency for gay and bisexual
African American men.
- Closing: Revisiting Burnout

Final Evaluation

DAY ONE

Unit 1: Core Qualities of Effective
Helpers/Support Groups and Support
Systems.

Unit Objective(s) :

By the end of this Unit, Participants will be able to:

- Identify Core Qualities of Effective Helpers, Effective Support Groups and Effective Support Systems.
- Discuss at least four ways to show concern for their clients through verbal and non-verbal communication.
- Discuss at least four ways to not show concern for their clients through verbal and non-verbal communication.
- Discuss some of the Barriers to effective culturally competent interventions.
- Identify, name and reflect feelings and paraphrase/summarize statements.

Introduction to Unit 1

As a general principle, any genuine approach to “helping” (i.e., counseling, teaching, healing, etc.) of any type, is rooted in the ability of the “Helper” to “actively” listen. Listening within the context of counseling, implies among other things, the ability and capacity to identify, clarify and “reflect” back the feelings, beliefs and behaviors of the person being “helped.”

The effective Helper is comfortable with the *internal silence* necessary to truly hear what the other is saying without the interference of a “second” [internal] simultaneous dialogue. Needless to say that this is particularly challenging given that it’s probably a lot more habitual to anxiously “prepare” our reaction than it is to actively listen.

The helping relationship is also culture bound. The competent/effective Helper understands that the person being helped might see the world (and construct it) based on their particular world-view. What this means essentially is that it’s critical to challenge rigid adherence to western paradigms of “mental health” and behavioral appropriateness (i.e., “normal”). It also means having sufficient insight and self-awareness not to use the helping relationship/experience merely as a tactic for social control (i.e., reinforcement of the status quo). Since the goal is to “help”, then it behooves the Helper to self-monitor around implementing interventions that affirm and promote self-empowerment.

In some indigenous communities the Helper is at the same time “healer.” The expectations are not bound necessarily by “listening” to the one in need, but it is also about requesting that the Healer/Helper be a “teacher” (in some cultures they’re believed to have special access to information not readily available to everyone (“Teach me what teaches you”). The Helper is also an active/integrated member of their community, defying in some sense rigid demarcations of “boundary.”

This Unit seeks to explore some of the key tenets that help to define a Helper as both Competent and Effective. This Unit has four Sections and they are as follow:

Section 1: The “WHAT HELPS” / “WHAT DOESN’T HELP” exercise allows for an intro into exploring interventions that can help people through a crisis or can compound an already complex problem.

Section 2: Further expands on Section 1 by identifying some of the Core Qualities that characterize Effective Helpers. It also succinctly deals with some basic concepts of “Client Centered” counseling.

Section 3: Helps Participants gain confidence and comfort with the skills of “Reflecting” and “Paraphrasing.”

Section 4: Provides a three way Listening Exercise that further builds on the concept of “Active Listening.”

The "Helping" Assessment Inventory

Instruction: Based on your personal experience, consider the behavior described in the left column and put a check mark in the appropriate columns.

Behavior	Always Helps	Sometimes Helps	Not Sure	Doesn't Help	Never Helps
1. Touching/Hugging					
2. Giving Money					
3. Giving Advice					
4. Blaming					
5. "Should-ing"					
6. Offered you a drink					
7. <i>"I know how you feel"</i> statements					
8. Saying <i>"It can't be that bad"</i>					
9. Offered Sex					
10. Saying <i>"get to the point"</i>					
11. Confidentiality					
12. Offered to Pray					
13. Sitting behind a desk					
14. Eye contact					
15. Validates feelings					
16. Offered accurate information					
17. Is distracted					
18. Clarifies problem					
19. Makes faces					
20. Interrupts constantly					

Characteristics of Culturally Competent Helpers

Culturally Competent Helpers:

- Recognize and understand their own cultural values and biases.
- Are respectful and interested enough to take initiative in understanding other cultures to help dispel stereotypes and untruths that could potentially block his/her effectiveness as competent helpers.
- Understand the concept of equal co-existence and equality of all cultures (especially those of the clients they serve). Consequently, [they] refrain from entertaining beliefs of “cultural supremacy” (the belief that one’s culture is inherently superior to all others).
- Take the initiative of acquiring basic information and knowledge around their client’s health beliefs, nutrition practices and cultural values.
- Avoid:
 - Body language that may be offensive or misunderstood (“inappropriate” touching, hugging, gazing, etc.).
 - Slang, technical jargon, condescending language (i.e., sexist/homophobic/racist language) and complex sentences.
- Determine the client’s reading ability (i.e., literacy) before using written materials in the process.
- Determine the fluency in English of their clients and arrange (if necessary) for an interpreter.
- Speak directly to the client, whether an interpreter is present or not.
- Ask how client prefers to be addressed (i.e., sir, ms., mrs., by first/last name, etc.).
- “Check-in” periodically with client to ensure a steady flow in the communication process (or to address any “blockage” in the communication).
- Use open ended questions or questions phrased in several ways to obtain information.
- Allow the client to choose seating for comfortable space and easy eye contact.
- Does not assume to know clients’ race/ethnicity/culture. Instead asks inquiring questions for clarity and accurate information.

CHARACTERISTICS OF AN EFFECTIVE HELPER

Ruth Bernstein Hyman is assistant professor in the department of epidemiology and social medicine at Albert Einstein College of Medicine in New York, and author of, "Flexibility, The Dominant Characteristic of Effective Helpers," an article in the October 1989 edition of *Measurement and Evaluation in Counseling and Development*. She lists several characteristics an effective helper should possess below.

"Theoretical orientation". The ability to deal with theoretical concerns and problems is identified as an important characteristic of a helper. Helpers must have a deeply ingrained experimental attitude, as they are continually involved in a process of search and discovery, a process that is a cycle of observation and inference testing.

"Non-authoritarianism" Perhaps the most important characteristic of an effective helper is the ability to be freeing rather than controlling. The helper must be able to sit back and watch the client try a solution - even if it may not work. Helpers must care enough for their clients to allow them to develop their own way of doing things separate from the values of the helper.

"Tolerance of ambiguity" Implicit in allowing the client freedom is a degree of tolerance for the unknown or ambiguous. The helper will not know in advance how the client will emerge. Helpers must be able to live with unsolved problems, which, according to some counselors, is a characteristic of self-actualizing individuals. Accepting clients' unsolved problems is an important element of tolerating ambiguity.

"Complexity". The ideal helper also has a certain ability to tolerate complexity, as opposed to the definite, clear and simple.

"Self-actualization". The helper should be able to serve as a model to the client by being fairly self-fulfilled, that is, to be well on the way to becoming fully functioning, or self-actualized.

Hyman summarizes, "the picture of the helping personality is one of a self-fulfilled or self-actualized person who is theoretically oriented, experimental, searching, problem solving and exploring. A helping person is oriented toward people and process rather than toward rules, regulations and goals, is freeing rather than controlling and is capable of tolerating considerable ambiguity and complexity."

Accordino agreed, adding that an effective counselor is not only someone who is competent and skillful, but who genuinely cares about the welfare of others. He said, "an effective counselor should have a **strong sense of empathy** for what the client is experiencing - the ability to put oneself in another person's shoes. Counselors should also possess **awareness of their own expertise and capabilities**, but of their biases and limitations. They also need to be sensitive to the cultural differences of their clients. Finally, a counselor should be **genuine**. "By genuine, I do not refer to just acting like a 'bona fide' helper, but actually being a sincere person with opinions and worldviews; someone with an identity," said Accordino.

Many times counselor educators saying that, to be a good counselor, one has to be neutral and avoid divulging personal beliefs and ideas to a client. I can agree with this idea to an extent but my question is this: How can a counselor help a client to solve problems, modify behavior or find or create an identity when the counselor presents himself as someone who is neutral and anonymous? A counselor is someone who has something to offer a client and someone with who a client can walk beside when facing life's struggles," Accordino noted.

Debbie Fister, a counselor education graduate student at SUNY Brockport agreed, and added, that an effective counselor is one who **has worked on his/her own issues** and **is willing to look inside themselves as the counseling process proceeds**. "We can take our clients no further than where we are willing to go ourselves. Another skill is the ability to observe ourselves while we participate in the session with our clients."

Accordino said, that while in some cases past personal experiences can help counselors be a lot more empathic and effective, "Counselors who have **experienced painful life events and have adjusted positively** can usually connect and be authentic with clients in distress."

I do not believe that only people who have endured severe psychic pain can be effective counselors. What is very important in a counseling relationship is the counselors' ability to convey understanding and compassion to the problems that client faces," Accordino concluded.

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Characteristics of Effective Helpers (summary)

- **Have a theoretical orientation**
- **Are non-authoritarian**
- **Tolerate ambiguity**
- **Tolerate complexity**
- **Are self actualized**
- **Have a strong sense of empathy**
- **Are aware of their own expertise and capabilities**
- **Are genuine**
- **Have worked on their issues**
- **Are willing to look inside themselves as the “helping” process proceeds**
- **May have experienced painful life events and have adjusted positively**

Feeling Word List

Afraid

aghast	doubtful	irresolute	shocked
alarmed	fainthearted	menaced	suspicious
anxious	fearful	misgiving	terrified
appalled	fidgety	nervous	threatened
apprehensive	frightened	panicked	timid
awed	hesitant	petrified	trembling
chicken	horrificed	quaking	tremulous
cowardly	hysterical	restless	upset
diffident	in fear	scared	worried
dismayed	insecure	shaky	yellow

Angry

acrimonious	in a stew	mad	turning
annoyed	incensed	offended	up in arms
bitter	indignant	provoked	virulent
boiling	inflamed	resentful	worked up
enraged	infuriated	sullen	wrathful
furious	irate	sulky	wrought up
in a huff	irritated	stressed	

Doubtful

distrustful	indecisive	questioning	unbelieving
dubious	misgiving	skeptical	uncertain
hesitant	perplexed	suspicious	wavering

Eager

avid	desirous	excited	keen
anxious	earnest	hot-headed	zealous
ardent	enthusiastic	intent	

Fearless

audacious
bold
brave
certain
courageous

confident
daring
dauntless
determined
encouraged

enterprising
gallant
hardy
heroic
reassured

resolute
secure
self-reliant
spirited
stout hearted

Happy

airy
animated
beatific
blissful
buoyant
bright
brisk
cheerful
cheery
comfortable
complacent
contented
debonair
delighted

desirous
elated
enthusiastic
ecstatic
exhilarated
exuberant
exultant
festive
free and easy
frisky
gay
genial
glad
gleeful

high-spirited
hilarious
inspired
jaunty
jolly
jovial
joyful
joyous
jubilant
lighthearted
lively
merry
mirthful
peaceful

playful
pleased
rapturous
satisfied
saucy
serene
sparkling
spirited
sunny
tranquil
transported
vivacious
zealous

Interested

absorbed
affected
concerned

curious
engrossed
excited

fascinated
intrigued
inquisitive

inquiring
nosy
snoopy

Sad

cheerless
clouded
crestfallen
dark
dejected
depressed
despondent
disconsolate
discontented
discouraged
disheartened

disheartened
dismal
down
downcast
downhearted
dreadful
dreary
dull
flat
frowning
gloomy

glum
heavy-hearted
ill at ease
in the dumps
joyless
low
low-spirited
melancholy
moody
moping
mournful

oppressed
out of sorts
somber
sorrowful
spiritless
sullen
sulky
unhappy
woebegone
woeful

Hurt

aching
afflicted
agonized
crushed
grieved
distressed

hapless
heartbroken
injured
in despair
in pain
mournful

offended
pathetic
piteous
rueful
sad
suffering

tortured
tragic
victimized
woeful
worried

Other

absorbed
affected

awed
oppressed

pathetic
restful

serene
tranquil

Some Thoughts on Barriers to Culturally Competent Counseling

Western culture with its strong belief in the superiority of personal achievement, arts, crafts, language and religion of one group of people (white America) coupled with the belief in the inferiority of all different cultural achievements (that is, non-white), lead to the belief that to be different is a serious handicap to be overcome via assimilation and renunciation of one's culture of origin. This is also known as "*cultural racism*."

Counseling in the western way of thinking is seen by many as an instrument of *social control* to reinforce the status quo and not necessarily as a means for self-empowerment (i.e., the arbitrary designation of behaviors as "deviant" or pathological because they don't conform to the dominant culture's definition of normalcy).

Culture bound counseling does not acknowledge the different communication patterns of people from third world countries. For example, the American emphasis on "*getting to the point*" or "*not beating around the bush*" is seen by Asian-Americans as immature, rude and lacking in finesse.

Counselors who believe that having clients gain insight into their personality dynamics and who value verbal, emotional and behavioral expressiveness (along with self disclosures) as goals in counseling are transmitting their own cultural values and biases and fostering alienation that is blamed on the client (i.e., client is being "resistant" or is in "denial", etc.).

In working with people with "minority" cultural background, the counselor must take into consideration the interaction of class, language and culture factors on verbal and non-verbal communications. Because counseling is primarily a white middle class activity, the counselor must guard against possible misinterpretation of behaviors and be aware that many aspects of Counseling may be antagonistic to the values held by the clients.

Anglo-Americans rely heavily on eye contact as indicating whether a person is listening or tuned out. In African-American culture, for example, it is often assumed that being in the same room or in close proximity to another person is enough to indicate attentiveness.

Theories of counseling tend to be distinctly analytical, rational, verbal and strongly stress discovering cause-effect relationships. This emphasis on Aristotelian logic is in marked contrast to the philosophy of many cultures. For example, Native American world view emphasize the harmonious aspects of the world, intuitive functioning and holistic approach – a world view devoid of analytical/reductionist inquiries.

The ultimate success in counseling is very much dependent upon the Counselor's flexibility in using techniques appropriate not only to the cultural group, but the individual as well. No one mode of counseling will be appropriate for all populations or all situations.

Excerpts adapted from an article originally presented at the **Culture Learning Institute**, East-West Center, Honolulu, August 1976 for the Cross-Culture Counseling Program.

PARTICIPANT'S NOTES

"When you look at a fellow, if you have taught yourself to look for it, you can see his song written on him. It will tell you what kind of man he is in the world." **August Wilson**, American playwright

Unit 2: Values Clarification

Unit Objective(s) :

By the end of this Unit, Participants will be able to:

- Identify some of their sexual and cultural biases.
- Identify some of the sources that inform these biases.
- Understand the purpose of being non-judgmental in the helping relationship.
- Understand the interconnection of all forms of institutionalized oppressions.
- Review some terms and definitions relating to sex and sexuality.

Introduction to Unit 2

The concept of “Values Clarification” was a product of the sixties Cultural Revolution, born out of distrust of all authority and contempt for “the old bag of virtues” of the Western moral tradition. No set of values was seen as superior to any other. Attempts to shape the character of the young were viewed as indoctrination and efforts to promote conformity.

The “clarifiers” dominated schools from the mid-70s to the mid 80s, then went into steep decline, mostly because the public concluded that no-content clarification wasn’t offering much help with the tide of drugs, violence, and teen pregnancy.

This Unit is not about “changing” anyone’s values or an attempt to create a “monolithic” morality among Participants. Instead, it’s an attempt to provide an opportunity for people to experience how others think about similar issues and [ideally] how they bridge the gap between belief and behavior. This exercise may also bring to view what many researchers have observed: that often there’s little relationship between what people say they believe and what they actually do (for example, someone claiming to believe that everyone should be treated fairly, but practices discrimination against certain people).

In general “**Values Clarification**” exercises have the potential for increasing communication and allowing people to know each other a bit better. Bear in mind that people’s values often change in response to environmental variables, life experiences in general and to expected rewards and punishments. Recognizing these changes and understanding how they affect one’s actions and behaviors is the goal of the “**Values Clarification**” exercise.

For the purpose of **Values Clarification**, Raths, Harmin and Simon identified seven criteria that must be met if a value is to be considered a *full value*. These criteria can be divided into three categories: *choosing, prizing and acting*.

- **Choosing:** freely from alternatives after thoughtful consideration of the consequences of each alternative.
- **Prizing:** cherishing, being happy with the choice, willing to affirm the choice publicly.
- **Acting:** doing something with the choice, doing something repeatedly, in a consistent manner (integrating it into one’s life style).

Ideally by the end of this exercise and of this Training, there will be heightened awareness of the need for Health care Professionals to at least share a set of common values that will ultimately secure a consistent delivery of quality services to gay and bisexual African American men.

Bible not best resource on sex, argue African-American theologians

By Ron Buford
December 2000

The message from African-American theologians and pastors was crystal clear: The Bible is not a good resource on sex. The occasion was a conference on "The Black Church and Human Sexuality," held at Vanderbilt University Divinity School in Nashville, Tenn., Nov. 17-19.

"Isn't there anything clear?" asked one pastor. "My people want to know, 'What thus saith the Lord?'" There was consensus among the 10 scholars that while there may yet be 'a Word from the Lord' about sex, the Bible may not be the place to look for it.

According to Randall Bailey, Andrew W. Mellon Professor of Hebrew Bible at the Interdenominational Center in Atlanta, Old Testament texts involving sex were not written to teach about sex but to define property rights. Women were the property of their fathers until marriage and the property of their husbands after marriage.

Biblical prohibition against adultery is strictly defined as a man having sex with another man's property, Bailey said. This fundamental principle explains much of the Bible's sexual ethos. It was not unlawful for a married man to have sex with any woman so long as she was not the property of another man. Such models are not acceptable for modern times.

The Rev. Herbert Marbury, Instructor of Biblical Hebrew at Vanderbilt, gave specific cases of troubling or difficult biblical stories that seem to condone abusive male sexual domination of women and certain men. These cases included rape, incest, infanticide and genital mutilation. Today, we find these behaviors to be shocking and morally reprehensible.

How should the church deal with such troubling texts? Victor Anderson, Assistant Professor of Christian Ethics at Vanderbilt, suggested that proper use of the Bible requires four steps: that we gain contextual understanding, see how various texts in the Bible relate to or are in dialogue with each other, enter the dialogue asking the Holy Spirit to reveal God's message for our communities, and seek to bring ourselves and our communities into closer union with God.

"The church has too often been guilty of 'bibli-idolatry,' worshiping the text instead of God," Bailey said. "African-American people knew God when it was illegal for us to read the Bible. In the words of Samuel Proctor, 'Long before there was a Bible, there was a God.' The Holy Spirit leads communities to live faithfully within a context and time ... Don't throw the Bible away. Engage it. God is still speaking."

The Rev. Alberta Ware, Director of The Balm in Gilead in Chicago, told of an African-American church whose members wrestled with ancient biblical texts to solve a new problem. Members had to deal with their use of a common communion cup while there was a person among them who was living with AIDS. The congregation entered the dialogue with conflicting biblical texts about purification, medical information and prayer. They concluded that there was only one 'good and right' thing for them to do. They invited the person living with AIDS to take the first sip because he was most vulnerable to their diseases.

On that day, she said, gathered around a common table, in the breaking of the bread many in that community may have found both a witness and closer union with their God.

Ron Buford is Public Relations and Marketing Manager for the Office General Ministries.

Coretta Scott King Assails Black Homophobia

ATLANTA -- The San Francisco Examiner reports Coretta Scott King, the widow of Martin Luther King Jr., lashed out at homophobia in the black community, blaming it in part for the appallingly high incidence of AIDS among African Americans. "I have no doubt that homophobia has worsened and prolonged the AIDS crisis. It is sad to me when I hear black people, including some in leadership positions, making homophobic comments and attacking the human rights of gay and lesbian people.

"African Americans," she said, "have suffered for too long because of prejudice and bigotry to be parroting the rhetoric of the Ku Klux Klan and other hate groups who bash people because of their sexual orientation."

Young African Americans are among those most at risk of HIV infection. AIDS is now the leading cause of death among black men between the ages of 25 and 44, and the second-leading cause of death among black women in the same age group.

***"I have no doubt that
homophobia has
worsened and
prolonged the AIDS
crisis."***

According to the latest statistics from the Centers of Disease Control, the rate of infection among blacks is growing, even as AIDS mortality rates in the U.S. continue to fall. Although blacks make up only 13 percent of the nation's population, they account for almost half (49 percent) of AIDS deaths in the country last year and almost half again (48 percent) of all new cases.

Silenced by prejudice, discomfort and ignorance of gay issues, black leaders, especially those in the religious community have, according to King, assisted in allowing a killer to ravage their communities.

The Examiner quotes researchers as saying that persistent homophobia in the black community leaves many African American men reluctant to pursue monogamous gay relationships. The need to assert their masculinity drives many to pursue sexual relations with women to further disguise their orientation, fueling the spread of the virus.

-- C. Barillas, Editor

The Data Lounge
Monday, October 25 1999

When Bigotry's Victims Become Bigots

Pacific News Service, September 6, 2000

By Earl Ofari Hutchinson

EDITOR'S NOTE: A letter from black ministers to black legislators reveals the persistence of anti-gay prejudice in the black community. That those who have suffered so much from bigotry should act like bigots themselves is an embarrassment to all in the black community. PNS commentator Earl Ofari Hutchinson is the author of "The Disappearance of Black Leadership." His e-mail address is ehutchi344@aol.com.

In an "open letter," a group of Los Angeles ministers demanded that California's black state legislators oppose four bills they brand a "homosexual agenda."

The bills were nothing of the sort. Three merely mandated that public schools develop and promote materials teaching tolerance and the fourth creates a state commission to promote tolerance among all groups.

But the fact that the bills included discrimination based on sexual orientation as unacceptable raised the ministers' hackles.

The twist is that these were not the hard-core Christian fundamentalists who routinely rant against any legislation promoting gay rights. They were prominent black ministers.

To their credit, the black legislators stuck to their guns and publicly vowed to support the bills. Three made it through the legislature. The puzzle is why blacks -- who have suffered as much as any group from bigots and hatemongers -- could look and sound so much like those same bigots and hatemongers?

There's a warped, if not tragic, reason for their intense fear and loathing of gays. Many blacks mirror America's traditional fear and hatred of homosexuality. They swallowed whole the phony and perverse John Wayne definition of manhood, that real men talked and acted tough, shed no tears, and never showed emotions.

When men broke the prescribed male code of conduct and showed their feelings, they were sneered at as weaklings, and their manhood was questioned. While many Americans make blacks their bogeymen, many blacks make gays their bogeymen and wage open warfare against them.

Many blacks also have been deeply influenced by the preachments of countless black ministers, such as those who threaten black legislators for refusing to support discrimination. They condemn to fire and brimstone any man who engages in what they label the godless and unnatural act of having a sexual relationship with another man.

If they have any doubts about their bigotry, they fall back on the Bible and -- like generations of Bible-toting white preachers -- flip to the line in Leviticus that sternly calls men laying down with men, "the abomination." Nation of Islam leader Louis

Farrakhan has frequently denounced homosexuality as an unnatural act and actively discourages the practice whenever and wherever he can. Some black rappers, writers, and Afrocentrists have joined in and routinely include lyrics and diatribes savaging gays in their songs and books. The anti-gay feeling runs so deep among so many blacks that any discussion of the activities of black gays is virtually taboo. Black gays and lesbians have held a number of national conferences since 1987, with only the scantiest mention in the black press, and national gay and lesbian publications are virtually unknown in straight society.

Some blacks justify the exclusion of gays by arguing that the gay life-style is a major threat to the black family.

This hinges on the shaky assumption that there are thousands of gay men lying in wait to subvert traditional family values. But no one really knows how many black men are exclusively gay -- and even if it were known, much of what passes for traditional family values has long been turned into shambles.

We now have all sorts of family combinations that were barely imaginable a generation ago -- single working women and single working men, grandparents, single-sex couples, step parents, foster parents, designated guardians, foster homes, and even children that are raising children.

The mightiest forces destabilizing the black family are poverty, unemployment, educational neglect, chronic disease, violence, drugs, alcoholism, and an astronomical incarceration rate for black men. The so-called gay life-style is not one of them.

The fall-back line of the black ministers who denounced the bills promoting tolerance was that discrimination against gays can't be compared to discrimination against blacks. This is flimsy and self-serving. Discrimination, whether based on race or sexual orientation, is still discrimination.

One would expect black ministers, who played the pivotal role in the battle against racial injustice and exclusion in the 1960s, to be the first to oppose discrimination against other groups. That some respected black ministers align themselves with outspoken bigots is more an embarrassment than a twist.

Black legislators who refused to bow to their threats did the right thing. When bigotry arises -- no matter who promotes it -- blacks must always remember the suffering and misery bigotry wreaked on them and oppose it.

WINSTON'S TEARS FOR HIS LOST LOVE ARE AS REAL AS ANYONE ELSE'S by **TREVOR W. COLEMAN** (author's permission granted).

Winston sat alone on a stool near the fireplace in the ornate living room of his longtime companion's aunt's house. As people sat at a long dinner table in the dining room eating and quietly talking among themselves, he stared blankly out a window on that cold January afternoon. Occasionally he would sigh and wipe away the tears that streamed from underneath his thick glasses and down his face.

A few hours earlier, he had buried his lover of almost 15 years. His lover, my brother Eric, had died of complications from AIDS. Overweight, middle-aged, odd-looking, without any close friends and disconnected from his own family, Winston faced an uncertain future and a hostile world - alone. All alone.

I thought about this as I sat at that dinner table with my family. I could not help but stare at Winston. He was so utterly bereaved. And so very frightened. My mind raced back to the funeral earlier that morning and how surprised I was at myself for being so stunned at the depth of his grief. His cries of anguish had echoed through out the funeral home.

"Oh, God, no. No, no, no," he cried as the minister gave the eulogy.

When I walked to the podium to speak on behalf of my family, Winston, who sat in the front row with my sisters and brothers, was literally shaking with grief.

"My God," I thought to myself, "he really loved him."

I realized then that the pain from his loss was every bit as acute as if I had lost my wife. The gaping hole in his life was every bit as damaging. Conversely, his love must have been every bit as genuine and meaningful.

It occurred to me that, as open-minded and as tolerant as I always thought I was, I had been unfair to Winston, my own brother Eric, and all other gay people. Quite frankly, I had objectified them. While my politics allowed me to accept homosexuality as an "alternative" lifestyle, I really did not appreciate their relationships as qualitatively meaningful or purposeful, certainly not as much as mine - or those of any other heterosexuals, for that matter.

In spite of all the evidence around me that pointed to the contrary, I never thought of homosexuals as desiring or being part of long-term and substantial relationships. Generally, I had thought of them as narcissistic and promiscuous.

It never occurred to me that their desire for love and companionship - to have someone to grow old with, to fill the gaps in this all too often lonely and frequently cruel life - was just like everyone else's.

It is that type of callousness and ignorance that are at the root of efforts to marginalize homosexuals.

It allows us to do such things as not take their cries for understanding seriously. It allows us to dismiss their concerns out of hand and label their demands to be treated with the same respect and dignity we treat everyone else as demands for "special treatment."

That is the attitude of a citizens group in Ypsilanti. Called Citizens Opposed to Special Treatment, or COST, the group has organized a petition drive to remove homosexuals from the groups protected under Ypsilanti's human rights ordinance.

The petition drive was prompted by a City Council vote last month to adopt the rights ordinance. The ordinance assures that no one in Ypsilanti is denied equal protection because of varied factors, including sexual orientation.

It was drafted after an incident last February in which Standard Printing Co. in Ypsilanti refused to print raffle tickets for a fund-raiser sponsored by Tri-Pride, a group of gay and lesbian social work students at Eastern Michigan University. The company's owners said they felt the event would promote homosexuality, a lifestyle they oppose because of religious beliefs.

There might be ways to deal constructively with the tension between a group of young people who were clearly discriminated against and a business whose owners say they are motivated by religious principles. But now COST wants to devalue the lives and rights of Ypsilanti residents (many who have no part in this fight) because of whom they choose to sleep with.

This can happen only when we perceive homosexuals as somehow generically different from the rest of us - as if they are less human.

This is not about promoting a homosexual agenda or condoning a lifestyle contrary to one's beliefs. It is about recognizing that in spite of our differences in colors, religions, races and sexual orientation, all of us share a common bond in that we are all human beings. And everyone deserves to be treated with dignity, respect and fairness.

We will continue to victimize gay people until we realize that all they want is simply to be loved, just like anyone else. Until we realize that Winston's tears are every bit as real as anyone else's. ...Later, after everyone had eaten and as people were trickling out for home, I watched from the living room window of my aunt's house as some of my family members helped Winston get in my cousin's car. He was leaving for the train station, where he would catch the train back to Harlem.

He sat in the car with his head cocked back, a handkerchief over his forehead and eyes. As the car took off into the darkness, carrying with it one broken, lonely man, it occurred to me that not one of Winston's relatives had come to the funeral. They had "problems" with his lifestyle.

So now Winston stands alone in a hostile world that will offer him no comfort, where the measure of his humanity is in the pain and misery that he must conceal.

Trevor W. Coleman is a Free Press editorial writer. You can write him at the Detroit Free Press, 321 W. Lafayette, Room 544, Detroit, Mich. 48226, or via E-mail at: coleman@det-freepress.com

PARTICIPANT'S NOTES

"You cannot do this to me. You cannot compel my definition. You cannot force me down. You cannot repress me. I will speak. I will speak out of who I am." Houston Baker, American educator

Unit 3: Kevin's Room

Unit Objective(s) :

By the end of this Unit, Participants will be able to:

- Identify main characters of film.
- Identify Counseling issues raised by primary and secondary characters.
- Understand the lifestyle(s) and sexual diversity among African-American Gay and Bisexual men.

Introduction to Unit 3

“.....media representations of poor black males (e.g., Rodney King and Willie Horton) served as the symbolic basis for fueling and sustaining panics about crime, the nuclear family, and middle-class security while they displaced attention from the economy, racism and homophobia. This figure of black masculinity consistently appears in the popular imagination as the logical and legitimate object of surveillance and policing, containment and punishment....” Herman Gray

This one hour drama about the lives of seven African American gay men is an attempt to capitalize on the dearth of genuine and authentic [media] portrayals of the men these characters represent.

As you and the Participants view this film (perhaps a first for some), think about the images popularly promoted about African American gay and bisexual men. Think about the historic resistant to portray these men as real, complex, heroic, vulnerable, fiercely surviving human beings. Think about how the caricaturization of these men may have informed your own (and the Participant's) perception of them.

It's critical in the midst of this [AIDS] crisis that we engage in a concerted effort to challenge the paradigms that have dominated the health care field for way too long and that have reinforced the virulent approach to how quality health care is delivered (or not) to certain groups.

“Kevin's Room” cannot in one hour address or answer to all of these concerns/realities. The goal and expectation of the Executive Producer and Production staff is that the message(s) from this drama stimulate a personal and collective examination of attitudes, perceptions and values traditionally held by Care Providers who interact with gay and bisexual African American men.

As you view the film for the first or seventh time, think about how you can become an agent of change at your own agency in setting a stage for the elimination of homophobia, racism and sexism in health care.

There's a questionnaire at the end of this Unit to facilitate discussion about the film and highlight some salient points. Remember that this Training is specifically designed to address the salient points of the film. So don't stress if you are unable to do a “complete” analysis/critique of the film.

KEVIN'S ROOM QUESTIONNAIRE

1. Are the characters believable? Yes ____ No ____

2. If you answered yes, what makes them believable?

3. If you answered no, what makes them not believable?

4. What are some of the **sociological** (i.e., “isms”, societal responses to/perceptions of these men, support systems, etc.) issues about African-American Gay and Bisexual men raised by the film?

5. What are some of the **psychological** (i.e., identity, relationship skill, trust, etc.) issues about African-American Gay and Bisexual men raised by the film?

6. Which character(s) do you think would benefit more from 1:1 counseling? Why?

7. Which character (s) do you think would benefit more from **group** counseling? Why?

8. Which character(s) in the film is more likely to access services at your agency?

The Representation of the Black Male in Film

by
Christopher Miller

A systematic exclusion of black people from the production, distribution, and exhibition of film exists in Hollywood. This "system" is white America's continuing subversion of a whole race that has existed since the first slave was dragged from African soil and put to work on an American plantation. In these "politically correct" times the system is not an overt racist activity. Rather, it is more of a hidden political agenda that does not appear to exist when looked for. But the system operates in all aspects of commercial American cinema and, thus, defines how blacks are portrayed on the screen which, in turn, defines how black audiences define themselves. Hollywood has traditionally portrayed the black male negatively, providing inappropriate role models for young black males. Although the influence of independent filmmakers is changing the way commercial films depict black men, real change will only come when audiences demand it. This essay looks at why and how the "system" excludes black people, and examines several films to show how the image of the black male is changing.

American media representations of black men not only serve the interests of the dominant white class and help maintain existing institutions, but they also keep black people from positions of power and stature in American society. Historically, black males have been characterized only in terms of society's own political agenda and its own economic gain. D. W. Griffith's *Birth of a Nation* (1915), for example, was a blatantly racist attack on blacks, portraying black men as a sexual threat to the purity of white women and a biological threat to the purity of the white race. Films such as *Hallelujah* (1929) sentimentalized the plantation myth to keep black people in "their place." The film capitalized upon the loss of the supportive extended family of the rural Southern communities after black migration to large cities such as New York, Chicago, and Los Angeles. The scenes of the sharecroppers on Zeke's farm smiling, laughing, and singing as they pick cotton are blatantly reminiscent of the popularized myth of happy slaves on the plantation. Things were better back then, these scenes suggest; life was good. When Zeke goes into town to sell the year's crop, he falls prey to the evils of city life--gambling, loose women, and drinking--which results in the death of his brother. The message is clear: black people only get into trouble when they fail to stay in their place.

Using the images of black people to promote a racist political agenda is not a relic of the past, however. It is the legacy handed down to contemporary film and other media. The lives of black Americans are portrayed with off-balance images that totally ignore the complexity of black experience. The images in film and other media only offer extremes of bad and good, of sexually threatening and sterile. Hollywood gives black audiences images of black men positioned at two extremes--criminals and drug dealers at one end or sexually (and thus politically) sterile beings on the other, as many of Sidney Poitier's characters are. A recent exhibition at the Whitney Museum of American Art, *Black Male: Representation of Masculinity in Contemporary American Art*, drew some negative criticism about how black men were portrayed. Adger Cowars, a Manhattan painter and photographer said, "This is a show about white people's fears. It's about sex, violence, and sports. There's no picture of a black man with a child, his daughter or his son. Think of all the great black men.

There are none in this show." In the show's exhibition catalogue, Herman Gray explains how these negative images of black men are used by the dominant white class to shift attention away from the problems inherent in the system and, at the same time, garner support for its institutions:

Discursively located outside of the "normal conceptions," mainstream moral and class structure, media representations of poor black males (e.g., Rodney King and Willie Horton) served as the symbolic basis for fueling and sustaining panics about crime, the nuclear family, and middle-class security while they displaced attention from the economy, racism, sexism, and homophobia. This figure of black masculinity consistently appears in the popular imagination as the logical and legitimate object of surveillance and policing, containment, and punishment. Discursively this black male body brings together the dominate institutions of (white) masculine power and authority--criminal justice system, the police, and the news media--to protect (white) Americans from harm.

Opposite the black threat extreme are the "shallow implausible characters" with "a neutered or counterfeit sexuality," as seen in many of the "buddy" movies and the roles of Sidney Poitier). Ed Guerrero, Rockefeller Fellow in the Residence at the University of Pennsylvania and Professor of Black film and literature at the University of Delaware, calls these representations, "sterile paragons of virtue completely devoid of mature characterization or of any political or social reality . . . condemned on the screen to reassure white people of their innocence and superiority". Guerrero explains what is missing between the two extremes:

Sadly, and dangerously for us all as a diverse, multiracial society, we have constructed in our films and in our media in general . . . a **vast, empty space in representation**. What is missing from Hollywood's flat, binary construction of black manhood is the intellectual, cultural, and political depth and humanity of black men, as well as their very significant contribution to the culture and progress of this nation.

It is not just white people's perceptions of blacks, however, that is affected by negative images of the black male. Black community and the black family suffer from how black men grow up perceiving who they are. Young, impressionable black males construct their own reality from the images they see in American media. Gray tells of the dual effects of these negative images:

These very same images of black manhood as threat and dread not only work to disturb dominant white representations of black manhood, they also stand in a conflicted relationship with definitions and images of masculinity within blackness.

The effect of these negative images is devastating to the structure of the black family and society: only about 40% of black children born in the U.S. are born to married parents; far fewer have a father consistently at home during the first 16 years of their lives. Murder of blacks by other blacks is the leading cause of death among young blacks. Many black communities suffer

from poverty. Independent filmmaker Charles Burnett describes the poverty he saw while shooting a film in a North Philadelphia black neighborhood:

It's amazing how this country can let people live like that. How can America have a community completely blinded? There's graffiti everywhere, and people don't even see them, they're so immune to it. Crack and poverty have destroyed a lot of young people, taken away their motivation and their will to compete with the "regular" society. And it seems planned! One of the kids we interviewed said, "We're going the way of the American Indians. They killed our spirit, our self esteem."

All that many young black men have to model themselves after is the media's definitions of who they are, and a cycle of destruction of the black family is allowed to propagate. JoNina Abron writes in *The Black Scholar*, "In most cases, the media's portrayal of life in the so-called black 'underclass' focuses on mores, living habits and social patterns, such as promiscuity, drug addiction and crime. Thus, the stereotypes that far too many whites have of blacks continue to be perpetrated".

Regardless of whether Hollywood portrays black men as murderous drug dealers or ineffective celibates, the result is not good for black society. "Blacks complain that mainstream films present a negative impression of Black people and have a detrimental effect on their lives," says Jacqueline Bobo, Post-Doctoral Fellow at the Center for Study of Women/Department of English, UCLA, "[I]f Black producers were given the freedom and support to produce films about Black people, they would project a different image".

Dictating how images in American film are portrayed is the business side of Hollywood. Independent film producer Dennis Greene says Hollywood is not merely concerned with profit, but also with the status and marketability of individual executives in the movie industry. Blacks have found themselves excluded from the upper echelon, and that leaves white executives in charge. Joy Horowitz, writing in *American Visions*, calls the lack of black executives "Hollywood's dirty little secret" because it is "not overt racism but a subtler prejudice". This unspoken conspiracy keeps black people from being hired and promoted from within. Executive Producer Grace Blake explains how blacks are excluded even from film production crews:

The industry is so much of a family-oriented business. Nobody really wants to teach anybody anything. You may find that all of the people in a particular category are blood related, specifically with grips and electricians. That's one of the ways we, as black people, have always been kept out of this business.

Nepotism and cronyism keep Hollywood a shop closed to outsiders. White executives, who control the money, are happy to keep making films using the images that they grew up with). Thus, modern film images are constructed in the same racial paradigm that produced *Birth of a Nation*. Jane Rhodes, Assistant Professor of Journalism at Indiana University, says, "Racial identity has been--and continues to be--a crucial factor in determining who can produce popular culture, and what messages are created". And those in control of the images are free to promote their own politics, clarifies St. Clair Bourne in *The Black Scholar* :

[M]ost of the current black images emanating from Hollywood are essentially those which have as their primary function to entertain, advocate no change and, more importantly, to suggest the legitimacy of the current social and political order.

Thus, the images offered in American film are a product based in Hollywood's hereditary political agenda--a white political agenda.

But the system does not merely control the images in American films, it ensures that the public will see them by monopolizing marketing and distribution. According to Jacqueline Bobo, there has been an increase in the number of films produced by black people, but black filmmakers have trouble getting their films in front of an audience:

They receive limited financial support, and their films fall victim to inadequate distribution and marketing campaigns. The result is that Black films are, in effect, unavailable to a large number of Black people and other interested viewers. In addition, Black filmmakers have difficulty getting certain films screened at "showcase" theaters where a large number of people can have access to them.

The power of marketing and distribution goes beyond excluding independent filmmakers, however. Marketing and distribution create the audience, that is, the demand for the films it offers. Thus, Hollywood and the audience have a sort of symbiotic relationship, each feeding off the other. Until there is a change in either Hollywood or the audience, the audience will continue to consume whatever Hollywood chooses to feed it. "The problem," says independent filmmaker Spike Lee, "is getting Hollywood to expand the kinds of films it will make, and raising the glass ceiling in terms of money and marketing." And until there is a change, independent filmmakers will have to continue struggling to get their movies seen.

Examining a film by an independent filmmaker can show how black men can be depicted positively. Michael Roemer's *Nothing but a Man* (1964) is representative of the relatively few independent films that realistically portray black men and the problems they face. *Nothing but a Man* is the story of Duff, a black laborer who falls in love with and marries Josie, the minister's daughter. The film examines Duff as he struggles to define his worth as a man in the context of his family and his job. Duff's need to define himself as a man is symbolic of the black man's need to define his identity. Other black males Duff encounters are in themselves symbolic of the compromises that blacks are forced to make by white society. And they do not offer a solution Duff can live with. Josie's father, for example, has a "solution" for being black-- assimilation into the white man's world. Although he has an ordered and secure life, Josie's father has sacrificed his black identity for it. Duff is not willing to make that sacrifice, so he tries to define himself through his job at the mill. He knows how to work hard and relies on that ethic for his success. But Duff refuses to play the white man's "game" and loses his job.

Duff finds himself faced with the reality of being black in America: play the game or pay the price. He is falsely denounced as a labor organizer and a troublemaker, and he is blacklisted from or forced out of the good jobs. The only work Duff can find is the kind of jobs reserved for those of an ex- slave class: picking cotton and emptying ashtrays. Because he is trying to define himself through work, Duff cannot bear to take on such degrading jobs.

While this is happening, Duff and Josie have started a family. She is pregnant and he finds himself unable to support her, much less a child. And she wants his son to move in with them, too. Duff's frustration manifests itself in anger and violence. But Duff and Josie's marriage seemed doomed from the start. The broken house they move into foreshadows a broken home; the broken neighbor slumped on the porch virtually offers Duff his only role model of a father and husband. Duff had a biological father, but he is a man who has never been a part of his life. When his father dies, and Duff cannot tell the undertaker how old his father is or where his father was born or what his father did for a living, he sees that he is carrying on a tradition that is passed from father to son--a father who runs from his responsibilities and blames all but himself--and that this pattern repeats itself from generation to generation. So Duff changes--he accepts the responsibility of being a father and husband and learns what it is to be a man. His decision to return to Josie with his son offers some hope to his situation. Symbolically, Duff's decision conveys the importance of being there for his family--being a man.

The image that Roemer imparts in Duff is not one about race, but about manhood and adult responsibility. This is the kind of positive character--one that grows--that audiences need to see. Charles Burnett, who has made such acclaimed films as *Killer of Sheep* (1977) and *To Sleep with Anger* (1990), describes what kind of films young black audiences need:

Self esteem has to be rebuilt. And very few films contain things that could inspire their audiences--such as real heroes--everyday people who accomplish something and make sacrifices, real people you can applaud and not basketball players. Commercial movies are escapist. Not everybody has fantasies about judo-chopping someone to death. We need stories dealing with emotions, with real problems like growing up and coming to grips with who you are; movies that give you a sense of direction, an example.

Film reviewer Shelia Rule says *Nothing but a Man* "avoid[s] the conventional pitfalls of sentimentality, preachiness and demeaning stereotypes and instead present[s] its characters with the full range of human qualities". Characters like Duff are the kind of images that Hollywood needs to portray in American films.

Hollywood does not, however, totally ignore independent filmmakers. Rather, it takes the techniques and innovations and ideas developed by the independents and co-opts them for its own economic and political gain. Although black creativity commonly sets American entertainment standards, black artists rarely benefit from their own work. Thus, blacks do not get a voice in the media they help define. "We almost never get the opportunity to be creatively involved in telling our own stories," says Stanley Robertson, an independent film producer, "We get culturally raped by other people. It's the denial--the exclusion--that bothers me."

One of the best examples of Hollywood profiting from independent film is the Blaxploitation films of the 1970's. Black audiences were demanding to see black actors cast in positive roles, and Hollywood responded with what is now called Blaxploitation. The Blaxploitation formula replaces the traditional white male hero, "substituting a highly sexualized black male hero who exercises power over white villains as an attempt to recode the Hollywood image of black men". Hollywood took Melvin Van Peebles's *Sweet Sweetback's Baadasssss Song* (1971) and used it to

create a formula for films featuring black action heroes who stand up to and ultimately triumph over the "man"--white America's political machine. Gordon Parks Jr.'s *Superfly* (1972) follows the Blaxploitation formula and casts a black man in the role of a hero. But the film fails to provide a positive role model for young blacks because it applauds the exploits of a drug dealer who effectively commits an act of genocide against his own race for profit.

Superfly has all the appearances of empowering its black characters--many of the traditional black film stereotypes are reversed. The film's hero, Priest, is not sexually sterile as many of Hollywood's depictions of black men have been. The long love scene in the bubble bath gives Priest a sexually human dimension that is commonly lacking in black film characters. Priest also has a sexual relationship with a white woman, but he ultimately rejects her. Unlike the typical Hollywood interpretation of black-male-with-white-female sexuality, Priest is not a sexual threat to the white woman and the purity of the white race, as Gus in *Birth of a Nation* is, rather he has racially reversed the roles of the plantation owner and female slave. She is one of his dealers and Priest is merely claiming his right to sex as her master. And the white-oriented standards of looks, too, are juxtaposed, which seems to empower Priest's character. When the brother at the craps game calls him "white-looking," Priest punches him out. Looking white is bad and black is now truly beautiful.

These reversals of black and white seem to suggest that Priest is in a position of power and is in control. But the structure of the economic character relationships in *Superfly* tells a different story: the corrupt white cops literally enslave Priest and Eddie in their jobs. Instead of being factors in the production of white cotton on a plantation, Priest and Eddie deal in white cocaine in the city. And Eddie promotes the slave myth; with the same slave-myth mentality put forth in *Hallelujah*, having "8-tracks and color TVs in every room" is just an updated version of the happy slaves on the plantation. Although they are in the city and not on a plantation, the relationship of the white cops to the black dealers parallels that of a slave-based economy.

The whole movie plays upon the fact that Priest wants out of the drug-dealing scene. Priest's struggle as the black protagonist striving to escape the symbolic enslavement of white slavery is what makes him a heroic figure. Priest has the "street cool" of urban black culture. He has a style that makes it easy to want to be like him--the big car, the clothes, the hair. He has the walk and the talk, and he even has a funky Curtis Mayfield soundtrack that plays for him everywhere he goes. Priest is cool.

But behind all this cool are the movie's flaws. It cannot contain the surplus that comes out of the montage of users enjoying coke: the victims of urban drug dealers and the violence that surrounds them. The way Priest plans to finance his retirement--selling 30 kilos of coke for a cool half million in cash--is paramount to genocide. Priest saves his skin at the expense of his own race.

Black people, especially black males, need positive role models, not drug-dealing action heroes. The allure of movie characters like Priest--the cool poses and the clothes and the car and the funky soundtrack--makes everybody want to be like them. But this "cool" allure sends the wrong message to an impressionable audience, who embrace the criminal aspects of these characters as part of the "cool" package. Dennis Greene condemns the effect of this "cool" on black youth:

This situation would be bad enough if economic exploitation of the community was the only consequence. But it isn't. These films validate the pathologies they depict. The constant projection of the black community as a kind of urban *Wild Kingdom*, the glamorization of tragic situations, and the celebration of inner city drug dealers and gangsters has a programming effect on black youth. The power of music in film is a particularly seductive and propagandistic force which . . . has rarely been used in a positive social manner.

Bowing to public pressure, the Blaxploitation genre quickly died out. While Hollywood continues to portray black male characters with "good" or "bad" extremes, some progress is being made. Audiences in the 1990's are experiencing a boom of movies by black directors. Spike Lee's *Clockers* (1995), is an example of a film that shows improvement in how the black male is portrayed.

Clockers is the story of drug dealer Strike and his relationship with the white cop Rocco. Like Priest in *Superfly*, Strike deals death to his own people in the form of crack cocaine. But Strike is more complicated a character than Priest, just as *Clockers* deals with more socially relevant issues than does *Superfly*. Where *Superfly* merely provides an escapist vehicle for black audiences, *Clockers* deals with the epidemic of violence and death carried out by blacks on other blacks. And where *Superfly* drew criticism because young blacks were emulating a negative role model, Lee addresses this issue within the film. Reviewer Todd McCarthy remarks:

Didactically but effectively, Lee illustrates how the tough, independent, successful images of young men like Strike and his dealer buddies dominate the impoverished projects, inspiring young kids to dress, talk and behave like them and making men who try to do the right thing, by earning an honest living and living according to principles, look impossibly square, even stupid, to impressionable eyes.

Lee puts the problem right up front. The audience is allowed to stand back and pass judgment in the young men who imitate the dealers, instead of being the ones who imitate the dealers. Although Strike seems similar to Priest in that he deals death to his own people, Strike represents more than a black action hero who triumphs over whitey. In fact, neither Strike nor Rocco triumph over one another; the victory is in Strike's internal change. "You find yourself both despising Strike's blindly amoral opportunism and pulling for his survival," says *Newsweek* reviewer David Ansen. There is something about Strike that is worth saving, and that is Lee's message.

Strike is, however, an extraordinary character in an extraordinary tale. Characters like Strike do not quite furnish the image that has been missing in film--that of the ordinary black male as a loving father and devoted husband. And this is still a problem. "[T]here are no simple stories about Black people loving each other, hating each other, or enjoying their private possessions," says Manthia Diawara, Professor of African Studies at New York University. Although Strike is a step in the right direction, young black audiences need positive role models in the films they see to give them a sense of direction in their lives. "What has to be developed in filmmakers,"

says Charles Burnett, "is a sense of who you are, what you want to say, and how you want to say it--a world view or perspective that you can express in your own terms."

Some think the only way for black people to get their films to a wide audience is to buck the system--Hollywood's politically motivated enterprise--and do it themselves. Since Hollywood is not changing, or not changing fast enough, it is time for wealthy black individuals and black-owned businesses to form an economic alliance and create a black film production and distribution industry. Others say that the audience needs to change. "Audience commitment and not Hollywood manipulation is responsible for any lack of variety seen in black films," says Bill Duke, director of such films as *A Rage in Harlem* (1991) and *Deep Cover* (1992), "Our community has to be a little bit more responsible about its philosophies." Duke has a point--hit Hollywood where it hurts: at the box office. Hollywood will drop its racist political agenda only when it cannot make money with it. The time is here for movie audiences--especially black movie audiences--to make a statement at the box office and demand more realistic representations on the screen.

PARTICIPANT'S NOTES

"In order to be a good leader, one must have skillfully mastered the art of compassion." Sharon Pratt
Dixon, American Politician

DAY TWO

Unit 5: Classroom Reading Assignment

Unit Objective(s) :

By the end of this Unit, Participants will be able to:

- Understand some of the sources of the hostility towards homosexual and bisexual men directed at them by many Black Churches.
- Identify some historic and theological arguments to help combat this historic attitude of exclusion and hostility.
- Understand some of the resistance to combating homophobia while fighting to end other forms of oppressions.
- Understand how homophobia impacts and dictates child rearing practices.
- Understand why some people think of homosexuals as threats to the family unit.

Instructions:

Read the following excerpts and quotes and answer the following questions to the best of your ability. Answer sheets immediately follow reading material.

1. Given that homophobia, like racism is a form of institutionalized oppression, why do you think that some people put far more energy in combating the latter and hardly any into combating the former?
2. Some religious leaders appear resistant and/or unwilling to examine their [traditional] theological stand on homosexuality. How does this attitude inform violence and/or persecution of homosexuals in general? What effects do you think this attitude has on the spiritual and/or mental health of church going self identified Black Gay Men?
3. Can you think of specific behaviors that some parents engaged in to “protect” their children from “becoming” gay? (i.e., encouraging baby boys to kiss baby girls and vice versa, the blue/pink color themes, etc.)
4. Although homosexuals are considered to represent anywhere from 3-10% of the population (depending on who you talk to) they’re viewed by some (if not many) as a threat to the “family” institution. Can you think of specific/concrete ways that this could be possible?

When the topic is homosexuality, political activism is almost always a cover for religious opinion.

Deeply felt feelings don the robes of religious righteousness and masquerade as the "Word of God." The Bible becomes the supposed bottom line "reason" for opposing so-called "special rights." But this "reason" is a fiction of blind conviction. So it is with the Oregon Citizens Alliance.

Taken on its own terms, read in its own historical context, the Bible ho-hums homosexuality—unless, as with heterosexuality, injustice and abuse are involved. To use the Bible to condemn homosexuality, the religious right must depend on mistranslation, faulty interpretation, and a large dose of emotionalism. The religious right takes the Bible as if it has been written in English yesterday and reads into it late twentieth-century concerns that are simply absent in the original texts. Consider some specifics:

Sodomites

Genesis 19:1–11 tells the story of Sodom, destroyed by fire and brimstone. What was the sin? Ezekiel 16:49 names it outright: "They had pride, excess of food and prosperous ease, and did not aid the poor and needy." No mention of sex at all! Same thing in the deuterocanonical book of Wisdom 19:13: "hatred toward strangers." When Jesus sent out his disciples, he told them it would be worse for a town who rejects them than it was for Sodom and Gomorrah (Matthew 10:5–15). The common link is not sex acts but rejection of divine messengers, hardheartedness, haughtiness, and meanness. It is simply mistaken to read "Sodom" as a biblical reference to homosexuality. Indeed, this approach misses the Bible's sacred teaching on kindness and encourages people to do the very things those texts condemn. In many ways the strident religious right has become today's true Sodomites.

Abomination

According to Leviticus 18:22, "You shall not lie with a man as with a woman: it is an abomination." *Abomination* sounds pretty bad in contemporary English, but the Hebrew and the ancient Greek translation both use words that mean a religious violation: unclean, impure, taboo—exactly like eating pork or shellfish, sewing two kinds of cloth into one garment, or having a menstrual flow of blood or a seminal emission. In the Hebrew Scriptures, abomination means religious taboo, ritual impurity; it does not imply inherent wrong or sin.

Penetrative male-male sex violated an idealized order of creation. According to the ancient Jewish conception, males are to penetrate and females are to be penetrated—just as sea creatures are to have fins and scales, and land animals who have cleft hoofs are to chew the cud. So according to this logic, pigs and lobsters are aberrations and thus unclean and not to be eaten, and penetrative sex between men is taboo and not to be done.

To us that understanding may sound like sheer superstition. But for the ancient Hebrews, to depart from Jewish belief on these matters was to act like a Gentile. Such behavior was abominable, unclean. It was a violation of religion, but not of the inherent nature of sex as we might think of it. In proof of this claim, consider that sex between women, necessarily non-penetrative, was not forbidden. And as rabbinical

commentary shows, other kinds of non-penetrative sex between men were not forbidden.

It used to be mortal sin for Roman Catholics to eat meat on Fridays—not because eating meat is itself somehow wrong but because doing it on Fridays denied one's Catholic identity. Likewise, the ancient Hebrews forbade penetrative male-male sex for ethnic and religious reasons that have no relevance to today's discussion of homosexuality. The reason it was forbidden to the early Israelites no longer applies today—and especially not for Christians. Jesus rejected the Hebrew purity laws: sin is in the heart, not on the unwashed hand (Mark 7:1–8).

The religious right makes two mistakes in decrying "abomination": they read "homosexuality" any time the Bible says "abomination," and they think abomination is always the same thing as sin, injustice, wrong. Not according to the Bible!

Unnatural

The most difficult passage on gay sex is Romans 1:26–27: "Their women exchanged natural intercourse for unnatural, and in the same way also the men, giving up natural intercourse with women, were consumed with passion for one another."

The Greek words translated as "unnatural," *para physin*, would more accurately read "atypical" or "uncustomary." The early Stoic philosophers used these words to mean unnatural, but the words imply no ethical condemnation for the apostle Paul. In Romans 11:24, he applies these same words to God's actions. God grafted the Gentiles into the Jewish people, a wild branch into a cultivated vine. Not your standard *modus operandi*; rather, an unusual thing to do, i.e., "atypical," nothing more. The whole anti-gay "unnatural" hullabaloo rests on this mistranslation.

Likewise, Paul's other words describing gay sex, "degrading" and "shameless," carry no ethical connotation for Paul. They merely imply social disapproval. Paul is talking about impurities, taboos, uncleanness. He has the ancient Jewish Law about impurity in mind. He says so outright in 1:24.

If Paul was not condemning male-male sex, why did he make an issue of it? And why so at the very beginning of a letter to the Romans, among whom such sex was a commonly accepted practice? Paul was playing on the sense of moral superiority among the early *Jewish* converts to Christianity. True to Leviticus, they called the *Gentile* converts unclean and impure, a dirty lot—perverts!—because of the Gentile sexual practices.

The whole point of Paul's letter is to insist, with Jesus, that impurity is irrelevant for Christians. He uses gay sex as his example, and he is indifferent to the matter: "I know and am persuaded in the Lord Jesus that nothing is unclean in itself" (Romans 14:14). In mentioning homosexuality, Paul was merely echoing the Jewish Christians' prejudice in order to win initial approval and a hearing from them. Then he went on to rebuke their self-righteousness.

The religious right makes the mistake of reading their own preoccupations into Paul's terminology. They make the further mistake of uniting verses 26–27 of Romans 1 with verses 28–32. But verse 28 changes topics. Paul is contrasting impurity with real sin. He is not identifying homosexuality, as the Fundamentalists would, with "evil, covetousness, malice, envy, murder, etc., etc." Far from condemning gay sex, Paul was reprimanding the Jewish Christians for dividing the Christian community over it. Every

textual consideration supports this conclusion.

Heavenly Sex

This is one for a laugh. Jude 7 condemns sex with celestial beings. Absolutely foreign to our worldview. But then again, remember *Cocoon*, *City of Angels*, and *Galaxy Quest*? This text does mention Sodom (the visitors to Sodom were really angels in disguise), so it trips off the religious right's preoccupation with gay sex. Scholars long ago abandoned that interpretation.

Biblical matters are subtle; they require study and thought. That's too bad. Simple answers have popular appeal. Thus, the Fundamentalist bandwagon rolls on honking and blaring—down the wrong road.

Further Reading

For a fuller explanation in a readable text, see Daniel A. Helminiak's *What the Bible Really Says about Homosexuality* (Alamo Square Distributors, P.O. Box 2510, Novato, CA 94948; 415-898-7956; fax 415-892-7479; alamosqdist@publishersservices.net; 152 pages, revised edition, \$14 plus \$4 postage and handling) as well as his Web site at www.visionsofdaniel.com.

Daniel Helminiak shows that top Bible scholars reject the argument that God opposes homosexuality. Information on this matter has been accumulating for decades, but it is hidden away in technical books and obscure professional journals. Helminiak has summarized this information in accessible form, popularizing the work of scholars such as the late John Boswell of Yale University, Daniel Boyarin of the University of California at Berkeley, Bernadette Brooten of Brandeis University, L. William Countryman of the Church Divinity School of the Pacific in Berkeley, Victor P. Furnish of Southern Methodist University, Saul M. Olyan of Brown University, and Robin Scroggs of Union Theological Seminary.

What the Bible Really Says about Homosexuality addresses a wide audience that reveres the Bible. The basic principle behind Helminiak's book is to read the Bible passages for what the original authors meant to say. The result often differs from what those ancient texts suggest to the contemporary reader of an English translation. The book will help people who were raised in a strict Bible tradition and want to be able, in good conscience, to find compassionate teaching on homosexuality in the Bible. It will challenge biblical literalists to understand how others, in good faith, can insist that the Bible does not condemn homosexuality. And it will offer consolation and instruction to lesbian and gay people who respect the Bible and want to live by it.

Short and powerful and understandably controversial, this book from Alamo Square Press has been on the best-seller list since its publication in 1994; a revised edition was issued in 2000. Unlike the scholarly writings behind it, anyone can read it in one or two sittings. Bit by bit in lucid form, it dismantles the predominant opinion about homosexuality in the Bible.

About the Author: Roman Catholic theologian Daniel A. Helminiak was ordained a priest in the city of Rome and holds two Ph.D.'s—in theology and psychology—and has taught on the graduate level in both these fields. As assistant professor, he currently teaches psychology and spirituality at the State University of West Georgia. He has published four other books, all from university presses, and numerous scholarly and popular articles on religion, psychology, sexuality, and spirituality and their interrelation.

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HOW HOMOPHOBIA HURTS EVERYONE: A THEORETICAL FOUNDATION*


by © Warren J. Blumenfeld

Within the numerous forms of oppression, members of the target group (sometimes called "minority") are OPPRESSED, while on some level members of the dominant or agent group are HURT. Although the effects of oppression differ qualitatively for specific target and agent groups, in the end everyone loses.

1. Homophobia locks all people into rigid gender-based roles that inhibit creativity and self expression.
2. Homophobic conditioning compromises the integrity of heterosexual people by pressuring them to treat others badly, actions contrary to their basic humanity.
3. Homophobia inhibits one's ability to form close, intimate relationships with members of one's own sex.
4. Homophobia generally restricts communication with a significant portion of the population and, more specifically, limits family relationships.
5. Societal homophobia prevents some lesbian, gay, bisexual, and transgender (LGBT) people from developing an authentic self identity, and adds to the pressure to marry, which in turn places undue stress and oftentimes trauma on themselves as well as their heterosexual spouses and their children.
6. Homophobia is one cause of premature sexual involvement, which increases the chances of teen pregnancy and the spread of sexually transmitted diseases (STDs). Young people, of all sexual identities, are often pressured to become heterosexually active to prove to themselves and others that they are "normal."
7. Homophobia combined with sexphobia (fear and revulsion of sex) results in the elimination of any discussion of the lives and sexuality of LGBT people as part of school-based sex education keeping vital information from all students. Such a lack of information can kill people in the age of AIDS.
8. Homophobia can be used to stigmatize, silence, and, on occasion, target people who are perceived or defined by others as gay, lesbian, or bisexual, but who are, in actuality, heterosexual.
9. Homophobia prevents heterosexuals from accepting the benefits and gifts offered by LGBTs: theoretical insights, social and spiritual visions and options, contributions in the arts and culture, to religion, to family life, indeed, to all facets of society.
10. Homophobia (along with racism, sexism, classism, sexphobia, etc.) inhibits a unified and effective governmental and societal response to AIDS.
11. Homophobia diverts energy from more constructive endeavors.
12. Homophobia inhibits appreciation of other types of diversity, making it unsafe for everyone because each person has unique traits not considered mainstream or dominant. Therefore, we are all diminished when any one of us is demeaned.

*From *Homophobia: How We All Pay the Price*, Edited by Warren J. Blumenfeld, Boston: Beacon Press, 1992

Beliefs About Sexual Orientation

 **Beliefs about sexual orientation:** Essentially all of the groups opposing equal rights for gays and lesbians are either overtly conservative Christian associations, or organizations that are composed almost entirely of conservative Christians. One can often identify them by their names, which usually include the words "*Christian*" or "*family*." So, the fight for equal rights for gays and lesbians is not with heterosexuals; it is with conservative religion. The following chart indicates difference in belief systems between conservative faith groups and just about everyone else. It is, of necessity, somewhat simplistic:

Beliefs	Conservative Faith Groups	Gay, medical and liberal faith groups
Nature of homosexuality	A choice; what some people do.	An orientation; what some people are.
Can gays become straight?	Yes, through therapy, prayer and the act of being "saved."	No. Homosexuality is unchangeable
Cause(s) of sexual orientation	One's upbringing; being recruited as a young person; being exposed to gay media.	Genetics, triggered by an unknown environmental factor in early childhood
Equal rights for gays & lesbians	Opposed.	Favor
Marriage for gays & lesbians	Opposed.	Various; trending towards acceptance.
What determines sexual sin?	The act itself.	The relationship.
What gay or lesbian sexual activity is sinful?	All homosexual acts are sinful.	Coercive, unsafe, or casual sex is sinful- both gay and straight.
Bible statements about gay sex	Many passages condemn it.	Bible condemns homosexual rape, prostitution, orgies only.
Why was Sodom destroyed?	Homosexual activity.	Lack of charity towards others.
Emotionally close same-sex relationships in the Bible	None.	A few.
Heaven, Hell	All sexually active homosexuals will go to Hell.	Homosexuals and heterosexuals will be treated equally.

Arguments Used Against Homosexuals and Bisexuals

Some of the common arguments are:

- **Homosexuality is unnatural:** There is an element of truth in this assertion. The more than 90% of adults who are heterosexual find sexual attraction to a member of the opposite sex to be natural; same-sex attraction for them is unnatural. However, for a homosexual, the reverse is true. Same-sex attraction is the most natural thing in the world for them; sexual activity with a member of the opposite sex is unnatural
- **Homosexuality is an attack on the family:** This argument is often used to oppose recognition of same-sex relationships. There are certain situations in society which have been called "zero-sum". This is where one group loses whenever another group gains. An example is welfare payments: if allowances are increased, then the rest of the population who are not on welfare must have their taxes increased. One group can only benefit at the expense of the rest of the population. Recognition of homosexual relationships is **not** a "zero-sum" situation. If John and James get married and Jane and Mary get married, then this does not adversely affect Sue and Tom's marriage one iota. Recognition of same-sex relationships does not attack marriage and the family; it merely enlarges the meaning of the words "marriage" and "family" to make them more inclusive. In the past, there were laws which prohibited people of different races from marrying. With the repeal of these laws, "the family" was not adversely affected; it was enhanced.
- **The Bible condemns homosexuality:** In reality, the Hebrew Scriptures appear to condemn homosexual rape, homosexual prostitution and temple prostitution, both homosexual and heterosexual. The Christian Scriptures criticize male sexual abuse of boys, and heterosexuals engaging in homosexual acts. None of the Biblical passages seem to apply to consensual activities within committed homosexual partnerships.
- **Homosexuals recruit young people:** Adults who sexually molest children usually do not have a fully developed sexual attraction to other adults. Thus it is misleading to talk of them as homosexuals or heterosexuals. Where a child molester does have a developed attraction, then they are usually heterosexual.

Almost all heterosexuals do not abuse children; almost all homosexuals do not either.

The belief that homosexuals recruit young people is based on the mistaken notion that a person can be influenced to change their sexual orientation. Young people do not become homosexual or bisexual because they are seduced by an older person; one's sexual orientation may in some cases be determined at the instant of conception; in all cases, it appears to be fixed by the time they reach school age.

"I believe that one day the world will judge the witch hunt against homosexuals...as an unbelievable injustice perpetrated by supposedly 'moral' people against innocent groups, just as harshly as it judges the Spanish Inquisition and the Holocaust. Both the Church and the Nazis believed they were acting in good faith." *N. McLean, Burlington, ON. Letter to the editor, The Globe and Mail, 1998-APR-11*

The need to hate: Some people with low self-esteem appear to need to identify some minority that they can hate and feel superior to. Over the past 50 years, Afro-Americans, Communists and now gays and lesbians have fulfilled this role in sequence. If their religious faith supports bigotry against that minority, then they are given additional justification for their hatred. Many churches teach that one must love the homosexual while hating the homosexuality; this concept is usually lost on these people; they end up hating both the homosexual and the homosexuality. If you disagree with this statement, just look at the faces contorted with rage at any meeting or demonstration attended by those opposed for equal rights for homosexuals.

Quotes and graphs excerpted from the **Religious Tolerance.org** web site

ANSWER SHEETS

ANSWER SHEETS

Unit 6: Sexual Healing

Unit Objective(s) :

By the end of this Unit, Participants will be able to:

- Understand some of the difficulties, risks and challenges for African-American Gay and Bisexual men in making decision about whether to inform their partners of possible risky behavior(s).
- Explore some of the challenges implicit in negotiating sex when needs and roles are rigidly in place.
- Gain insights into why some African-American Gay and Bisexual men engage in exclusive sexual role playing.
- Identify some of the perceived benefits of not using barriers or protection during sex.

Introduction to Unit 4

"The black church must develop a theology of homoeroticism, a theology of queerness... After all, if any group understands what it means to be thought of as queer, as strange, as unnatural, as evil, it's black folk... The deeply entrenched cultural and theological bias against gays and lesbians contradicts the love ethics at the heart of black Christianity." **Race Rules**, Michael E. Dyson, p. 106

Care Providers serving gay and bisexual African American men have a responsibility to educate themselves around the traditions and traditional concepts of sexuality that still dominate the collective consciousness of many African Americans.

Professor Dyson incisively points out [in the above quote] the contradiction that is at the heart of how Oppressed people take on the role of Oppressors in a desperate attempt to court the approval of a society that has rarely (if ever) afforded them equality (in all areas of life) as a matter of course. One of the resulting ironies is the sexual apartheid that manifests itself in the exclusion and "forced" invisibility of an entire group of people [in this case gay and bisexual African American men].

The challenge (and burden) that the AIDS epidemic places on the shoulders of those providing services to gay and bisexual African American men is encouraging dialogue aimed at reclaiming life and freedom when negotiating both can be at best tenuous.

This Unit entitled "**Sexual Healing**" explores some of the real stressors involved in negotiating [safer] sex. It also seeks to highlight the complexity implicit in the defining, expressing and affirming of sexuality as both behavior and identity.

Tops and Bottoms

Simon Sheppard explores "active"/"passive", "tops"/"bottoms" issues with the who-does-what-to-whom yard stick.

Okay, so who does what to whom? The traditional notions of "active" and "passive" becomes blurry here.

So deciding who does what to whom might be a more useful basis of the distinction between "tops" and "bottoms," but it's a distinction that can obscure as much as it enlightens. When it comes to good ol' butt-fucking, the difference between top and bottom is pretty damn clear - the top is the one who screws, the bottom's the one who gets screwed. But when it comes to blowjobs, matters get cloudy. To be consistent, the "top" should be the insertive partner, right? Yet often he's the guy who kicks back, semi-passive except for moans and squirming, while the cocksucker does the work. It's the difference between "fucking face" and "getting sucked," this question of who's "in control."

SM defines **"top"** and **"bottom"** rather differently - the "top" is the one who has the power to dish it out, whatever "it" is. But that's when things start to get ambiguous. Experienced players know that submissive bottoms are often the ones who are *really* in charge of a scene. If a bottom just loves to be spanked and gets a top to spank him till his hand hurts, which one's really in control? And if a top ties a man down and rides the bound guy's hard-on, who's the bottom then?

Okay, so this really shouldn't matter. But the cliché is that tops are more masculine, bottoms more femme. You'll find guys describing themselves proudly as **"total tops"** as though there were some sort of superiority involved. And some of the adjectives used to describe bottoms, such as "pushy" or "greedy," are unflattering ways to imply that there's something wrong with trying to get what you want out of sex. It's as though those who want to get fucked should know their (presumably inferior) place; some of this is disturbingly reminiscent of women's traditional role in bed.

The frequent disjunctions between what sex looks like and what's really happening have led to some interesting self-definitions. Guys who love to take charge and get fucked describe themselves as **"aggressive bottoms"** for example, though you'll have to look hard for men calling themselves **"passive tops."**

As understandable as mankind's fondness for either/or definitions can be, when it comes to sex, these simple binary distinctions can hurt more than help. There's nothing inferior about enjoying the intense pleasure of getting boned; thinking that there is can be a barrier to enjoying it fully. Neither is there anything wrong with a top, whether vanilla or kinky, feeling tenderness and vulnerability - it doesn't make him less of a man, just as where his dick is going doesn't make him more of one.

Variety, yes, is the spice of life, whether over the course of a relationship or during a single fuck session. "I don't do that because I'm a top (or bottom)," just puts whole big chunks of possible pleasure off-limits. It might be better all around to approach the top/bottom thing as a sliding scale, with **"total top"** and **"absolute bottom"** as the endpoints - most of us falling somewhere in the middle - and with the whole top/bottom dichotomy taken with a grain of salt. After all, those of us who know the pleasure of getting our faces fucked hard wouldn't say it's an inferior thing to do, and those of us who have to get it up and keep it there while fucking know the grave responsibilities and hard work taken on by the poor, hard-working top. (Maybe that's why it often seems that there are so many more bottoms than tops out there.)

So whether top, bottom, both, neither, or some mishmash that defies definition, maybe we should all admit that sex is a complex, wonderful, dirty job, but somebody has to do it... Simon Sheppard is the co-editor of *Rough Stuff: Tales of Gay Men, Sex, and Power* (Alyson Books)

A New Black Sexual Identity May Be an Incubator for AIDS

The Great Down-Low Debate

by Kai Wright

Richard Pryor used to do a bit where he joked about his experiences "fucking the faggot." He wasn't declaring himself gay, far from it, and no one listening assumed as much. He was just admitting that he could get off by screwing another guy. Pryor made his living parading life's dirty little secrets onstage. In this case, the fact that a lot of black men "get with dudes," as we now say when being circumspect.

That was 1971, before identity came to America's bedrooms. While some black folks have since assumed our place in the gay rainbow, many have rejected sexual identity in favor of keeping Pryor's secret undercover. In a much discussed 2000 U.S. Centers for Disease Control survey, a quarter of black men who acknowledged that they have had sex with other men identified themselves as heterosexual, compared to around 6 percent of their white counterparts.

A more recent CDC study, released this February, has shoved these men under the microscope like never before. The report estimated that over 30 percent of twenty-something black "men who have sex with men," the CDC's deliberately neutral term, are HIV positive. It put the number at 33 percent in New York City, which is a higher rate of infection than in the general population of any sub-Saharan African country other than Botswana.

The study has left everyone trying to figure out why African American gay men seem uniquely immune to HIV prevention efforts. Increasingly, people believe the answers will be found only when we figure out what makes guys like Tevin (a fake name) tick. Born and raised in New York City, this self-assured 25-year-old is a portrait of the young, savvy urban black male. Dressed hip-hop casual—in a baggy sweater, khakis, and spotless white kicks; with his smooth, dark skin, tight goatee, and cornrows, Tevin is a lady's dream. But he's also the Don Juan fantasy of a certain group of men: guys who live "on the down low," or DL.

"I like girls. I have a girl," Tevin says with a smirking shrug. "But every once in a while, 'cause women can be very stressful, I might chill with a dude. And it's just having fun. If something pops off, it pops off. Give each other a pound and meet up later."

Tevin won't have anything to do with gay culture, doesn't know anything about it and couldn't care less. By and large, his thoughts on the subject are in lockstep with most of black America's: It's all good if it's your thing, but I ain't no punk.

Nor is Tevin willing to accept a sexual orientation. "I consider myself just sexual," he professes. "A freak!"

But this polished detachment doesn't quite veil a much more complicated set of emotions. The brother is in love. He met Jason (also a fake name) at a fight party eight months ago,

and the two have been "in each other's face" ever since. Although they don't mess with other men, Tevin is quick to make it clear that doesn't mean they are "quote unquote dating." Still, there's a lot more popping off here than sex.

"It's crazy but, yeah, the feelings are strong," he admits.

Tevin's met guys in the past who have claimed to be "DL." But they always proved to be fakers and ended up acting queer. Jason's not like that. He has no interest in women, but he still flirts with them. He doesn't try to be affectionate with Tevin in public. And most important, he doesn't flame out.

"I think if you're a dude, you should act like a dude, look like a dude, talk like a dude. If you're a chick, you should act like a chick," Tevin explains. "When you start mixing 'em up, that makes me nervous. I wouldn't disrespect people who act like that, but it just turns me off."

This cult of masculinity is at the heart of being DL. Men like Tevin style themselves as prototypes of black manhood, and gender benders don't cast well in that role. Nathan Kerr, a gay Caribbean American whose Brooklyn marketing firm produces safe sex ads targeting DL men, says he's conducted focus groups where even flamboyantly feminine black men rejected the gay label because of its perceived weakness. "Gayness was seen as the whole sissy fag thing," he explains.

Feminist cultural critic bell hooks argues that this perceived conflict between gayness and black macho also underpins homophobia in the community today, and dates back to the Black Power movement of Pryor's years. For hooks, when Black Panther Eldridge Cleaver declared of his gay brother, "The white man has robbed him of his masculinity, castrated him in the center of his burning skull," it stuck.

Ironically, openly gay writer James Baldwin, Cleaver's primary target, was then—and for years remained—one of the movement's most vocal defenders. Baldwin even excused Cleaver's attack as the misguided defensiveness of a "zealous watchman" over blackness. But decades later, the watchman's words still echo through hip-hop culture. As Ice Cube has reminded us, "true niggas ain't gay."

This homophobia, argues hooks—whose latest book, *Salvation*, dissects what she sees as a communal "crisis of lovelessness"—is indicative of a larger discomfort with sexuality. "Black folks can't even talk in a healthy way about straight sex," hooks complains. "How are we going to talk about gay sex and s/m and bisexuality and so on?"

In the meantime, the problem with gay identity for men like Tevin is that it disqualifies them for the Black Man identity they prefer. And since sexual liberation has robbed them of the right to simply slip off and "fuck the faggot," they've developed the DL.

Of course, DL is itself a way of organizing one's life around the common trait of sexual desires, complete with a unique language. Solicitors in personal ads and chat rooms signify degrees of authenticity with coded monikers such as "serious DL brotha" and "real roughneck nigga." The latter splinters off into the related but distinct "homo-thug" identity, which allows Pryor's faggot of today to still qualify for the violent conception of black masculinity popularized by gangsta rap.

But many unambiguously gay African Americans have responded to the DL and homo-thug trends by declaring these guys nothing more than repackaged closet cases. And they warn that the segmented lives such identities create are dangerous—both for the guy on the down low and his unsuspecting female partner. Tevin, like most DL men, has never told his

girlfriend, with whom he lives and has a child, that he sleeps with men as well. He asserts his burgeoning affair with Jason in no way conflicts with his love for her, and that his concealment of it is thus not lying.

Tevin also says he always uses condoms. But even if so, is he an anomaly?

There's little research to determine how often black men eschewing sexual identity use protection with their male or female partners, but both the CDC and gay-identified blacks working in AIDS prevention point to the 2000 report for guidance. All of the men in that survey were positive, and many believe the respondents who called themselves straight help form an "HIV bridge" that is responsible for skyrocketing infection rates among both African American women and homosexual men. It's why, some gay activists say, public health needs to encourage DL brothers to be more honest with themselves and their lovers of either gender.

"You can't address the risk if you don't talk about the context in which it happens," sighs Timothy Benston, who coordinates Soul Food, a Gay Men's Health Crisis program that targets African Americans. "Black gay men lead schizophrenic lives."

If so, retort those in another corner of the intensifying debate, it's schizophrenia caused by "gayified" blacks trying to shove a white concept down the community's throat. "One of the assumptions *gay* makes is that if you don't call yourself gay then you're in the closet," snaps Cleo Manago, an Oakland area AIDS activist who is a leader in the "Same Gender Loving" movement on the West Coast.

That movement aims to discard pink triangles and rainbow flags—symbols created by and for Europeans—and build a new identity around words and concepts created by and for black people. Among the first to go, Manago says, is the in and out of the closet dichotomy that serves only to emphasize separation from the larger community. "Instead of demanding that people respect you because of how you fuck, do something within the community," Manago rails.

And when it comes to HIV prevention, he says, the problem has been that the "old guard" black gays leading the effort "still pull a defiant gay anchor around," pushing an out-of-touch political agenda that alienates those they are trying to reach.

But gay activists respond that Manago is peddling a cultural relativism that should stop at the closet door. "Most people in our community are saying, 'Represent! Represent,' " pleads Maurice Franklin of Gay Men of African Descent. Franklin notes that he and others like him live and socialize as open gays in the black community. "It doesn't mean that we have to go out carrying rainbow flags," adds activist Keith Boykin. "But we do have to acknowledge sexual orientation."

Which is just fine with Tevin. And as for whether or not he's lying or repressed, and what it means for his and his partners' HIV risk, that's not his question to answer. "I don't feel like I'm pushing anything back," he claims. "I'm not saying how you choose to deal with your situation is wrong, but I'm good where I'm at."

PARTICIPANT'S NOTES

"The most potent weapon in the hands of the oppressor is the mind of the oppressed."
Steven Biko, South African political activist.

“Earlier and earlier, black boys and girls are becoming sexually active. Teen pregnancy continues to escalate. Besides these problems, there are all sorts of sexual challenges that black Christians face:

- The sexual exploitation of black female members by male clergy;
- the guilt and shame that results from unresolved conflicts about the virtues of black sexuality;
- the continued rule of black churches by a mainly male leadership; the role of eroticism in a healthy lack Christian sexuality;
- the revulsion to and exploitation of homosexuals;
- the rise of AIDS in black communities;
- the sexual and physical abuse of black women and children by black male church members;
- the resistance to myths of super black sexuality,
- and the split between mind and body that leads to confusion about a black Christian theology of Incarnation.”

Race Rules, p.84, 85. *Michael E. Dyson*, First Vintage Books Edition, 1997.

DAY THREE

Unit 7: Counseling and Testing Issues

“Our ultimate goals in conversation are both to gain and to give information. Yet too often we jump to judge someone’s statement or to present our own differing position before exploring the other person’s insights and opinions.” ***Powerful Conversations for Building Commitment Workshop*** (Participant’s Guide, page 3-1) – Linkage Incorporated

Unit Objective(s) :

By the end of this Unit, Participants will be able to:

- Understand that HIV Counseling and Testing requires Crisis Counseling skills.
- Understand that historic socio-political factors greatly impact on the quality of health care and HIV prevention provided to African-American Gay and Bisexual men.
- Identify challenges, obstacles and barriers inherent in the counseling and testing process.
- Identify how their pre-judgment of clients can impact on their effectiveness.
- Discuss some of the Health Beliefs commonly held by African-Americans.
- Identify their personal barriers to openly discussing sexuality issues with African-American Gay and Bisexual men.

READING

“A Theory of Counter-Transference”

“At the beginning there is always incipient [beginning to exist or appear] prejudice. Upon first meeting, stereotyped judgments and appraisals based on prior experience will be applied to the perception of the new unknown. Some call it “stimulus generalization.” In a state of ignorance, what else can one do to make meaning? – unless it is the rare instance of those who are able and willing to approach new experiences with suspended judgment, and a fresh open view. Except in such cases, prejudgment applies. Then if the reality of the new experience is concealed, attention turns inward to make meaning. If, however, the new reality is available to be known as needed, prejudice fades; judgments and appraisals appropriate to that reality will develop.”

“A Counter-Theory of Transference”, *John M. Shilien*, Ph. D., Harvard University

Comments:

Crisis Counseling

By: Michael G. Coan, Clinical & Medical Psychologist

What Is Crisis Counseling?

Crisis counseling is not long term and is usually no more than 1 to 3 months. The focus is on single or recurrent problems that are overwhelming or traumatic. If a trauma or crisis is not resolved in healthy manner, the experience can lead to more lasting psychological, social and medical problems. Crisis counseling provides education, guidance and support. Crisis Counseling is not a substitute for individuals who need and are not receiving intensive or long term psychiatric care. Crisis counseling may involve outreach, work with in the community and is not limited to office appointments.

There are many descriptions and a great deal written about crisis intervention and crisis counseling. Regardless of the theory and author, there are universal "elements" in the process by which a crisis counselor can help people face and move past distressing and traumatic events in their lives.

The 8 Elements of Crisis Intervention

Education. There is a natural ability within most people to recover from a crisis provided they have the support, guidance and resources they need. The very heart of crisis intervention is to face the impact of a crisis. In most cases, a crisis involves normal reactions, which are understandable, to an abnormal situation. An effective crisis counseling provides information, activities and structure that will help us recover and move past the crisis. More importantly, crisis counseling will insure that you do not prolong a crisis and it will help insure you do not create more problems in your life and the lives of others. Confrontation through information and discussion may be an important part of crisis intervention.

Observation and awareness. A crisis in our life can be the result of low self-awareness or not recognizing the impact our behavior has on others as well as the impact it has on our self. Increasing your awareness can lead to choices that promote recovery and wellness. You can't help yourself if you cannot see the problem and how you may be contributing to the crisis. In some cases, family dynamics and communication problems within families can prolong a crisis.

Discovering and using our potential. Every crisis represents an opportunity for personal growth and to discover our highest potential and true self. The greatest hero in any crisis is the person who does not believe he or she is a hero, but is nevertheless prepared for the challenge by the undiscovered qualities and abilities that are only discovered when we are facing tragedy and the "inevitables" of life. While support is important, this does not mean that the person in crisis should not be allowed,

encouraged and sometimes required to make decisions and take action to resolve the crisis and improve the quality of their life.

Understanding our problems. It is the fundamental intention of all people to do the best they can with the resources and abilities they have during a crisis. During any crisis, it is important to recognize or discover our true and deepest intention. You must keep your intentions in mind no matter what you do or how unskillfully you may act. While our intent is usually to make life better, our behavior can be misguided, misunderstood and less effective than we would hope. Self-understanding as well as understanding how others may keep us "stuck" are important keys to recovery.

Creating necessary structure. The most important aspect of crisis intervention and counseling is to provide a social "container" for our experience that will allow us to express, explore, examine and become active in ways that help insure the crisis is not prolonged. For each of us, there are necessary activities and routines in our life during times of distress that provide comfort and support. These do not include alcohol, medications or other drugs. Medications should only be used to prevent a physical or psychological breakdown. The purpose, duration, frequency and potential impacts must be defined.

Challenging irrational beliefs and unrealistic expectations. Few people, during times of crisis, have the necessary skills to fully examine what they are thinking, what they assume and what they expect from their self and from others. Our thoughts, especially the ones we don't look at, contribute a great deal to how we feel and what we do next in response to our feelings.

Breaking vicious cycles and addictive behavior. Many crises are the result of vicious cycles or addictions. For example, drug and alcohol use cannot only destroy our life, but it will confuse how we actually feel about our self, others and the world around us. One cannot know how they feel and what they truly want if their feelings are modified by chemicals, medications, alcohol and other drugs. A painful crisis can lead a person to avoid and escape how they feel. Unhealthy escape and avoidance of emotional pain and distress may involve the use of medication, drugs, alcohol, sex, thrill seeking, parties or working excessively. Taking the role of a "victim" can cause others to rescue the person in crisis. Prolonging the crisis by refusal to deal with a crisis can create supportive relationship. When a person becomes dependent on others and "escapes" to feel better, a vicious cycle can develop. Vicious cycles start with behaviors that are intended to avoid or escape emotional pain, but ultimately these avoidance and escape behaviors create more problems or the same problem we are trying to avoid. The behaviors found in a vicious cycle can actually prolong a crisis.

Create temporary dependencies. During a crisis, it is often helpful to form brief relationships with others in order to gain support. Crisis counseling and intervention are very helpful and necessary. A healthy dependency is usually temporary and will always lead to increasing independency. Unhealthy dependencies are long term and create increasing dependency rather than independency.

Facing fear and emotional pain. A crisis is a time of fear or sadness. How we respond is important. There is a "monster" in the world for every person who "runs" in response to their fear or sadness. When we face the darkness in our life, and we are not destroyed by our fears, or sadness, we eventually discover there are no monsters. We discover that we can survive. In time we discover that our pain will fade. Facing emotional pain is the most healthy response. This does not mean we should make our selves miserable. But we should not expend a great deal of energy and become involved in activities that help us avoid how we feel and what we think. When people suffer, it is important to help them feel less alone in the world. It is important to help people in crisis solve the problems in their life. People in emotional pain need to be empowered and supported.

Who are African-Americans at risk?

While African-Americans are often viewed as one group, there is, in fact, a wide variety of populations in the US included under this heading. Upper class, lower class, Christian, Muslim, inner-city, suburban, descendants of slaves and recent Caribbean immigrants all come under the African-American heading. Current epidemiological surveillance does not record these social, cultural, economic, geographic, religious, and political differences that may more accurately predict risk.

Although HIV transmission in African-American communities is primarily viewed as a problem among heterosexual IDUs and their sexual partners, the proportion of AIDS cases among African-Americans attributed to male homosexual/bisexual activity (36%) is almost equal to that attributed to injection drug use (38%).

Injection drug use has played a major role in HIV infection among African-Americans. African-Americans are twice as likely as whites to have used drugs intravenously, and HIV infection is higher for black IDUs than white IDUs. One reason may be the "ghettoization" of blacks in inner-city areas where drug trafficking, unemployment and poverty, among other factors, have assured that blacks suffer high rates of addiction. Studies of drug users that describe significant association between health and race may be better explained by these characteristics of the social environment.

What puts African-Americans at risk?

Very little information exists on risk factors specific to African-Americans, especially among IDUs, because until recently there has been a lack of research in this area. Funding agencies have not targeted African-Americans as a particular area of concern for research. Few non-minority researchers have demonstrated ongoing interest in intervention work with African-Americans, and currently less than 3% of National Institute of Health research grants are awarded to African-American researchers.

In a survey of African-American gay and bisexual men in the San Francisco Bay Area, more than 50% reported unprotected anal intercourse, a considerably higher percentage than among white gay men. Those men were more likely to be poor, to have been paid for sex, or to have used injection drugs; to engage in unprotected sex despite knowing risk of HIV infection; and to report less social support. Men with negative expectations and beliefs about condoms were less likely to use them.

Among African-American adults living in cities with a high prevalence of AIDS cases, almost one-fifth (19%) reported having two or more sexual partners in the past year. More men (30%) than women (10%) reported multiple partners. Substantial proportions of blacks with multiple sex partners used no condoms with either their main (47%) or secondary partners (35%).

What are obstacles to prevention?

Many members of the black community have held an underlying distrust of the white public health world, especially since the Tuskegee Syphilis Study. Some groups, including some African-Americans, believe that the effects of AIDS on the community are the results of deliberate efforts of the US government. Adding to this are persistent inadequacies in social benefits, health care, education and opportunities for African-Americans. Effective prevention programs must address these concerns.

Among homosexually active African-American men, including those who self-identify as gay, fear of homophobia and strong attachment to the minority community may have been strong disincentives to respond to AIDS as a primarily gay issue. At the beginning of the epidemic, the absence of national gay leaders and large gay constituencies in the African-American population offered few opportunities to mobilize support.

What's being done?

Not many prevention programs specific to African-Americans have been evaluated for effectiveness, but the number of programs is increasing and there are a few promising studies. An intervention aimed at African-American gay and bisexual men extensively pilot tested all materials including videos that depicted only black men and addressed issues related to the men's same-sex attitudes and behaviors addressed in their own words. Clients who participated in three weekly three hour group sessions greatly reduced (50%) their frequency of unprotected anal intercourse, and maintained the behavior change through an 18-month follow-up.

African-American male adolescents in Philadelphia, PA took part in an intervention to increase knowledge of AIDS and sexually transmitted diseases (STDs) and weaken problematic attitudes towards risky sexual behaviors. Educational materials included a video narrated by a black woman with a multiethnic cast and "AIDS basketball" where teams earned points for correctly answering AIDS questions. Participants reported less sexual intercourse, fewer partners, and greater use of condoms after the intervention.

Men and women attending an STD clinic in the South Bronx, NY had access to either a video on condom use, or both the video and an interactive group session. Patients were given coupons for free condoms at a pharmacy several blocks from the clinic. Among African-American clients, condom acquisition increased substantially after the video and group session, but not after the video alone. One reason may be that the video primarily targeted behavior change among men. Also, clients who self-identified as Caribbean had lived in the US for a shorter amount of time, and the video may have been embedded in US culture. This study showed that interactive sessions combined with videos can personalize the prevention message and enhance behavior change.

What needs to be done?

Researchers and service providers need a better understanding of the role of cultural and socioeconomic factors in the transmission of HIV, as well as the effect of racial inequality on public health. In addition, public health officials should consider changing epidemiological surveillance to include other demographic information besides sex, age and ethnicity. These efforts need to influence the design of prevention messages, services and programs.

In the second decade of the AIDS epidemic, few studies of HIV prevention interventions specifically for African-Americans have been conducted or published. Especially lacking are studies of African-American IDUs and gay/bisexual men. Comprehensive HIV prevention strategy uses many elements to protect as many people at risk for HIV as possible. Effective and equitable HIV research, policy, program and funding efforts are urgently needed in African-American communities.

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Prepared by Pamela De Carlo and John Peterson, PhD

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PARTICIPANT'S NOTES

"The wise person speaks carefully and with truth, for every word that passes through one's teeth is meant for something."

Molefi Kete Asante, American historian, educator and writer

Unit 8: Create your own Agency.

Unit Objective(s) :

By the end of this Unit, Participants will be able to:

- Conceptualize and articulate a Mission/Vision/Management Philosophy for an agency targeting African-American Gay and Bisexual men.
- Identify staffing needs/roles of this agency.
- Identify an appropriate name for this agency.
- Identify an appropriate location for this agency
- Identify programmatic needs of this agency
- Determine types and places within agency for the display of images of Gay and Bisexual African-American men.
- Identify community resources to assist in the expansion and growth of the quality of services.
- Identify methods for appropriate publicity and social marketing.
- Identify additional resources to secure funding and revenue.
- Identify HR system to secure recruitment and retention of staff.

Create your own Agency Assessment Questionnaire

Below are questions you should ask to obtain information on the health knowledge, attitudes, and practices of gay and bisexual (g/b) African American men when “designing” your Agency.

- How do **gay and bisexual African American men** identify themselves in terms of race, ethnicity, culture, etc. ?
- What do **gay and bisexual African American men** think causes HIV?
- What do **gay and bisexual African American men** think HIV does to a person?
- How long do **gay and bisexual African American men** think HIV lasts?
- Who is suffering from (being affected by) HIV/AIDS? . . . only the individual? . . . the family? . . . community? . . . etc.
- How do **gay and bisexual African American men** describe or define health, wellness, symptoms, illness, and treatment?
- What are the traditional, religious, and supernatural beliefs of **gay and bisexual African American men**? How do these beliefs impact HIV prevention behavior?
- What is the traditional and preferred mode of communication of **gay and bisexual African American men**?
- What is the traditional and preferred mode of learning of **gay and bisexual African American men**?
- What are the real social expectations of **gay and bisexual African American men**?
- What are social, gender, family, and individual roles defined in the **gay and bisexual African American male** community?
- What are the rules of social interaction among **gay and bisexual African American men**?
- How do **gay and bisexual African American men** social networks influence their behavior and health?
- What impacts **gay and bisexual African American men's** decision to seek health care or the decision to adopt HIV prevention behaviors?
- Who do **gay and bisexual African American men** seek health care from?
- Who do **gay and bisexual African American men** seek for advice about HIV?
- What is the general knowledge, attitudes, and beliefs of **gay and bisexual African American men** about HIV/AIDS?

Exercise: Managing and Negotiating the Change

*“There is only one definition of business purpose: to create a satisfied customer [i.e., client, patient, etc.]
.....it is the customer who determines the business....”*

-----Peter Drucker, 1954

Developing a leadership agenda begins by identifying what customers need....so you can “maintain the gains” of current high performance. And since leadership is about improving for the future, it also begins by anticipating needs that will be the new measures of high performance tomorrow. Finally, an effective leader translates the “what” of customer needs into the “how” of his or her group’s contribution.

Adapted from: **“The Executive Leadership Development Program”** Linkage, Inc.

Does your Agency have a Program specific for gay and bisexual African American men?	If yes, How long has your agency provided services for this population?	If no, do you foresee these programs being implemented in the near future?	Are you in a position to be able to influence change at your agency?	What adjective would best describe your Agency’s attitude towards gay and bisexual African American men (i.e., indifferent, supportive, ambivalent, etc.)
Yes ____ No ____	1-5years ____ 5-10 years ____ 10 or more ____	Yes ____ No ____ Not sure ____	Yes ____ No ____ Not sure ____	

Challenges/Barriers at my Agency Past and Current

External	Internal
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Opportunities at my Agency
Past and Current

External	Internal
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Agency's Name		Location (i.e., City, Suburb, Downtown, etc.)	
Mission Statement		Target Population (description)	
		Outreach/Recruitment Retention Plan - Staff	Outreach/Recruitment Retention Plan - Client
Staffing			
Programs	Programs	Funding Streams	Development Plan

PARTICIPANT'S NOTES

"When reform becomes impossible, revolution becomes imperative."
Kelly Miller, American sociologist and educator.

Closing: Revisiting Burnout.

Objective(s) :

By the end of this Unit, Participants will be able to:

- Define burnout
- List four to five symptoms of burnout
- Explain how burnout can affect their work with clients.
- Identify two of their own early-warning signs of burnout.
- List several strategies/activities that they can do to prevent or cope with burnout

Burnout Prevention and Recovery

1. **STOP DENYING.** Listen to the wisdom of your body. Begin to freely admit the stresses and pressures which have manifested physically, mentally, or emotionally.
 - MIT VIEW: Work until the physical pain forces you into unconsciousness.
2. **AVOID ISOLATION.** Don't do everything alone! Develop or renew intimacies with friends and loved ones. Closeness not only brings new insights, but also is anathema to agitation and depression.
 - MIT VIEW: Shut your office door and lock it from the inside so no one will distract you. They're just trying to hurt your productivity.
3. **CHANGE YOUR CIRCUMSTANCES.** If your job, your relationship, a situation, or a person is dragging you under, try to alter your circumstance, or if necessary, leave.
 - MIT VIEW: If you feel something is dragging you down, suppress these thoughts. This is a weakness. Drink more coffee.
4. **DIMINISH INTENSITY IN YOUR LIFE.** Pinpoint those areas or aspects which summon up the most concentrated intensity and work toward alleviating that pressure.
 - MIT VIEW: Increase intensity. Maximum intensity = maximum productivity. If you find yourself relaxed and with your mind wandering, you are probably having a detrimental effect on the recovery rate.
5. **STOP OVERNURTURING.** If you routinely take on other people's problems and responsibilities, learn to gracefully disengage. Try to get some nurturing for yourself.
 - MIT VIEW: Always attempt to do everything. You ARE responsible for it all. Perhaps you haven't thoroughly read your job description.
6. **LEARN TO SAY "NO".** You'll help diminish intensity by speaking up for yourself. This means refusing additional requests or demands on your time or emotions.
 - MIT VIEW: Never say no to anything. It shows weakness, and lowers the research volume. Never put off until tomorrow what you can do at midnight.
7. **BEGIN TO BACK OFF AND DETACH.** Learn to delegate, not only at work, but also at home and with friends. In this case, detachment means rescuing yourself for yourself.
 - MIT VIEW: Delegating is a sign of weakness. If you want it done right, do it yourself (see #5).
8. **REASSESS YOUR VALUES.** Try to sort out the meaningful values from the temporary and fleeting, the essential from the nonessential. You'll conserve energy and time, and begin to feel more centered.
 - MIT VIEW: Stop thinking about your own problems. This is selfish. If your values change, we will make an announcement at the Corporation meeting. Until then, if someone calls you and questions your priorities, tell them that you are unable to comment on this and give them the number for Community and Government Relations. It will be taken care of.
9. **LEARN TO PACE YOURSELF.** Try to take life in moderation. You only have so much energy available. Ascertain what is wanted and needed in your life, then begin to balance work with love, pleasure, and relaxation.
 - MIT VIEW: A balanced life is a myth perpetuated by liberal arts schools. Don't be a fool: the only thing that matters is work and productivity.
10. **TAKE CARE OF YOUR BODY.** Don't skip meals, abuse yourself with rigid diets, disregard your need for sleep, or break the doctor appointments. Take care of yourself nutritionally.

- MIT VIEW: Your body serves your mind, your mind serves the Institute. Push the mind and the body will follow. Drink Mountain Dew.
- 11. **DIMINISH WORRY AND ANXIETY.** Try to keep superstitious worrying to a minimum - it changes nothing. You'll have a better grip on your situation if you spend less time worrying and more time taking care of your real needs.
 - MIT VIEW: If you're not worrying about work, you must not be very committed to it. We'll find someone who is.
- 12. **KEEP YOUR SENSE OF HUMOR.** Begin to bring job and happy moments into your life. Very few people suffer burnout when they're having fun.
 - MIT VIEW: So, you think you work is funny? We'll discuss this with your director on Friday, at 7:00 P.M.!

PARTICIPANT'S NOTES

"You can't save everybody." Joe Louis Clark, *American Educator*

APPENDIX

Advocacy on behalf of African American clients

By Jo-Ann Lipford Sanders

"...though it is sometimes very difficult to imagine our nation totally free of racism and sexism, my intellect, my heart and my experience tell me that it is actually possible. For that day when neither exists we must all struggle..."

James Baldwin, African American writer

The collective struggle suggested by James Baldwin is a compelling call for advocacy against racial and sexual oppression. As we think about African American people, aspects of oppression are expanded to include racism, sexism and classism. Tripartite oppression has impacted phases of life for African Americans in the United States differently. However, "because of the pervasive institutional nature of racism in this country, no person of African descent has been able to fully escape the ravages of its grip" (Sanders, 1995). Racism, in all its aberrant and complex forms, includes more than skin color. Looking at the comprehensive nature of racism, one need notice the intercorrelation between sexism, classism, and other intangible constructs. Skin color oppression (racism), most often used in oppressive actions against Americans with African ancestry, becomes the focus of this discourse.

Oppression is understood as a process which infuses prejudice with power. This power is then used to limit or hinder access to societal rights from those identified as lacking power. Advocacy, is a process which defuses prejudice and attempts to redefine power by redistribution thus allowing for greater access for all. The goals are the betterment of the whole. The African proverb proclaiming "I Am Because We Are" could be a mantra for African American advocacy.

Slavery in the United States

African Americans are the largest group of "forced residents" to the United States in recorded history. A recent PBS documentary, *Africans in America: America's Journey Through Slavery*, chronicled African's subjugation to a myriad of cruelties associated with their transcontinental kidnapping and subsequent enslavement. Under slavery various African tribes were methodically stripped of family, language, music, religion, dietary and grooming comforts. The brutality of the kidnapping, transport, and dehumanization of Africans in America worsened as skin color and physiognomy became the gage for inhumane treatment. Inhumane treatment practices then became ingrained in a philosophy of "Black Inferiority," prevailing to date.

In 1903, W. E. B. DuBois, an African American scholar prophesied "the problem of the twentieth century is the problem of the Color Line" (cited in Paschal & Bontemps, 1993, p. 263). Unfortunately, as we peer into the windows of the twenty-first century, African Americans still struggle against the effects of "the color line." Note for example the recent findings of President Bill Clinton's Commission on Race, "It is, we believe, essential to recall the facts of racial domination... We as a nation need to understand that whites tend to benefit, either unknowingly or consciously from this country's history of white privilege" ("White privilege," 1998). This multiracial and multiethnic Commission reported, in 1998, that some Americans have easier access to societal resources, based on the color of their skin or racial identification, than others, and that social disparities around race are profound enough to provide a focal point of their report.

History of race oppression for African Americans

A comprehensive historical discussion of racial oppression is a significant discussion. The seeds of racial oppression grew from the Anglo Saxon myth of race superiority. The rationalization of the African slave system was enhanced by a Puritan view identifying the civilized as Christian and White. Slavery was really a societal dichotomy when considered against the backdrop of Puritan beliefs. To justify and resolute slavery, Africans had to be dehumanized to chattel. So the natural, logical and moral objections to slavery were overcome because these chattel were needed for the economic advantages that the institution offered. The system dictated the need! Tripartite oppression thus became deeply rooted as systemic institutional racism, discrimination, psychological and educational racism and is maintained by stereotyping, labeling, misinformation, racial scapegoating, and fear.

African Americans are still faced with institutional structures that are willing to abate morals and values in deference to economic advantages for some. Institutions continue to pursue the economic objectives of slavery over the logical and moral issues associated with subjugation. Moral issues against discrimination and bigotry are clear, but, have been made subject to economic issues and the chattel concept. As long as institutions continue to serve economic interests of individuals in power, and can justify these interests from a "Black Inferiority" ideology, there will be a need for advocacy. Advocacy is needed to overcome institutions that are willing to compromise morals and values for the powerful thereby dictating norms for the society at large.

Advocacy for African American people must begin with an understanding and appreciation of the savagery of slavery and its continued, residuals effects.

Residual effects of race oppression

Although the roots of race oppression have been covered by such categorical definitions as political correctness, time, institutionalization and legislation, "The Doctrine of Black Inferiority" is as much an aspect of American culture today as is apple pie and baseball. Historical marginalization, systemic racism and discriminatory practices against African Americans are ingrained in the foundations of Western culture. Over the last several years African Americans have litigated discriminatory practices against Texaco, Denny's restaurants, and Eddie Bauer clothiers. African Americans still experience difficulty securing a taxi in such cosmopolitan cities as New York. Even winning the coveted green jacket of the Master's golf classic wasn't enough to quench the stench of "Black Inferiority." Who would have imagined that the seemingly kind gesture of a late-night ride home in small southern town would become a death ride for an unassuming, single Black father solely because of the color of his skin. Hate crimes against African Americans, often attributable to youth, are rising! Could this suggest intergenerational transmission of "Black Inferiority" doctrine?

The residual effects of racism are displayed in more than hate crimes. Because racism is endemic, it has become almost a cliché to blame a Black man for any number of crimes (Daniels, 1995). Take for example the young mother, Susan Smith, who reported that her children were abducted by a Black man; or the White Boston businessman named Charles Stuart who upon murdering his wife, reported a Black man did it, or even the inmate killed alongside Jeffrey Dahmer (who himself was convicted of killing and eating people of color), had accused a Black man of killing his wife. Most recently a priest stabbed himself in excess of 20 times only to accuse a Black man. Had not police investigators been committed to advocacy and fair play, Black men and indeed African American communities would have been under a "state of siege."

Societal responses to diversity have been inappropriate. Institutional structures have a programmed response to diversity which is to devalue that which is different. This devaluing is built into such practices as "last hired, first fired," "most qualified," "scientific studies showing genetic deficiencies," "redlining" and "educational intelligence tests" all proving that African Americans are both different and deficient.

Additionally, many African Americans have also internalized the "Black Inferiority" into a personal self that is different and deficient. Internalized oppression is being manifested in self deprecating behaviors such as illegal drug use, soaring high school dropout rates, teenage pregnancies, and the color complex, to name a few.

Consequently, it is not enough to simply advocate for changes in direct service. Service providers, educators, mental health professionals, and the public at large must join, consciously acknowledge and tear down the "Great Hegemonic Wall of Race Superiority."

Advocacy strategies to assist African Americans

Advocates for African American people will be well served by understanding the atrocities of slavery and its prevailing ideology; but that is only half of the story! The strengths used by African Americans to survive provide the nexus to advocacy.

Following are suggestions for ways in which teachers/educators/counselors/politicians and others might make systems work more effectively for African American people infusing their strengths, customs, and culture:

1. Cultural Awareness is the first step. Advocates must know themselves. To advocate against endemic constructs, one must have a personal conviction grounded from self analysis. Notice instances when you collude with tripartite oppression. Make opportunities for your views to be challenged and expanded. Unlearning oppression may initially be frightening, but it is liberating as you challenge the essence of who you are. To learn about African Americans, why not familiarize yourself with African American scholars. So much that has been known about African American culture has been offered from someone "looking over into someone else's fence." Interrupt the "Doctrine of Inferiority" by noticing when you cannot accept the scholarship of African Americans.

2. Encourage Self advocacy. The mutual help or community of helpers concept is a familiar approach within African American communities. This is an effort to empower African Americans to serve as expert helpers while also seeing other African Americans as competent and caring. It disputes internalized oppression and stereotyping regarding the ableness of African Americans. Examples of self help groups currently operating within African American communities are Rites of Passage programs, sickle cell disease mutual-help groups, The National Black Women's Health Project founded by Byllye Y. Avery that has established 50 self help groups in over 41 states, Mothers Against Gangs, Unwed Mothers United, NAACP, and the various tenant self-management organizations in public housing projects. Become aware of other self help groups within African American communities and do not feel intimidated to refer.

3. Accountable Training of Professionals. In a recent study (C. Bradley, personal communication, 1998) of 100 CACREP approved counseling programs only 33% required a multicultural training course prior to

practicum. Practicums and internships for education and counseling need to provide incentives for working with African American clients AND display at least beginning level cultural competence. This means practicum and internship students need to have mandatory requirements to work with African American and other people of color built into the practicum and internship curriculum. Anyone providing services without knowledge and understanding of the counseling issues would be considered providing unethical care. Why aren't those who attempt to work with ethnic groups for which they have limited or no knowledge and understanding not held to those same ethical standards?

4. Use resources within communities such as churches and civic leaders to help spread the message. For example, establish Peer Advocates. Befriend a group of African American clergy. Clergy know their communities and are well respected as leaders within African American communities. Consider including clergy or a clergy designee as a part of your counseling team.

5. Develop materials about mental health that are culturally appropriate and aggressively disseminate. Raise awareness via infusion in curriculums in schools, colleges and universities. Raise awareness from a whisper to a full bravado. Make your classrooms, offices, and places of business compelling with pictures, magazines, and posters with African American faces. Include images of more than sports heroes. Also include African American scientists, inventors, teachers, poets, etc. Develop video resources with African Americans for use in community outreach.

6. Come out of your offices (which often represent institutions of oppression) and into African American communities. Become familiar and trusted. Attend community functions. Establish multiracial teams to be guest presenters. Don't always lecture but try experiential and team building activities to hear the concerns of the communities. Helping professionals and individuals with particular expertise may offer expertise within Black communities. Humphreys and Hamilton (1995) offers a caution about this training presentation, "when outside experts administer social services to communities, they often deprive them of control and produce apathy and alienation. Thus, even when a service is administered effectively by external agents, the meta-message remains, 'You have problems, the rest of us have the solutions.' This can lead service recipients to feel dependent and incompetent (p. 1)."

7. Challenge research and writings, teaching the universal normalcy of individualistic approaches to counseling. Challenge and push the definition

of ethical practices which suggest that non-eurocentric mores are inappropriate, i.e., celebrate ethnic holidays at centers to familiarize community with agency; the healing effects of food for many cultures; or the relevance of indigenous supports. Include emic perspectives of mental health.

8. Raise awareness as you sit in on group and individual supervisions in your private and public practices. Speak up when a colleague has not

9. considered the cultural aspects of cases involving African Americans. Challenge questionable diagnosis and treatment practices. In mental health settings, African Americans are more often underserved and misdiagnosed than other clients.

10. Encourage educational professionals to provide accurate and inclusive instruction of American history to include the tremendous efforts of non-Whites and women. Invite African Americans into classrooms/boardrooms/etc. other than during Black History month.

11. Demystify the stigma associated with race talks by encouraging debate and dialogue among school children, colleagues, family, and others. Become obnoxious and intolerant of the presence of tripartite oppression.

12. Befriend African American women's groups, sororities, and social clubs. African American women are the "pulse" of most African American communities. No one has experienced the struggles over time quite like African American women. Their unwavering persistence provides the greatest example of advocacy in history. Their sister-friend networks often are precursors to prepastoral counseling. African American women have provided a roadmap for "doin' what ya' gotta do" to survive.

13. Support Affirmative Action and other anti-discrimination legislation. Lobby and provide information throughout your communities about affirmative action. Benefactors of this legislation must speak out when the laws are challenged. This is an example of hitting "The Wall". Phone or fax your senators and your representative's offices. Call the US Capitol switchboard (202) 224-3121.

14. Seek more funds to do empirical research of all socioeconomic levels within the African American community to provide a more adequate picture of the heterogeneity. Understand that there is no such thing as "the African American community" but in fact African American communities. African American people are as diverse as were the kidnapped Africans from various tribes. Although joined by ancestry in Africa and the continual battle against tripartite oppression, their experiences are individual and

unique. One-dimensional views of "all" African Americans are detrimental to appropriate care.

15. Become an active participant in the numerous "watch-dog" websites fighting for justice. When they notify you of impending legislation, respond. I have listed a few for your consideration. Visit the websites and become aware of the laws.

16. Encourage and advocate for the hiring and promotion of African American educators, support staff, and admittance of African Americans into master's and doctoral level programs. Doesn't it concern you when you look around a multicultural world and your clientele or classroom do not reflect this diversity. Inquire as to rationale.

17. Challenge educational curriculum, training of teachers, and testing efforts to reflect culturally reflective learning styles. Courtland Lee (1996) recounts the story of the birds sitting on a fence. The teacher asked the children, if three birds are sitting on a fence and one bird is shot off how many birds would be left? The American child answered "two" (convergent answer). The African child answered, "Not so. There would be none for if one bird is shot the others will fly away (divergent answer). Which answer is correct. The current way our educational system tests, ethnic groups which are structured around more convergent thinking often receive less encouragement.

18. Challenge standards which continue to perpetuate ethnocentrism. Don't be silent. Look for RIM's (racism interruption moments). Don't tolerate racial jokes, slurs, or the propagation of untruths or generalizations about "all Black people." Challenge the irrational. Write to your newspaper when you notice ethnocentrism in writing or reporting.

18. Fight institutions which discriminate against African Americans. Don't patronize establishments that are unfair to Black people, and let the establishments know your thoughts.

History has shown that advocacy efforts are effective African Americans have shown that advocacy efforts are effective. The desegregation of public schools, integration in public places, seating on public transportation, adequate lodging and college entrance were all changed because of advocacy efforts. Political advocacy has a proven history of success in fighting for civil liberties, lobbying for entitlements for the disenfranchised, demanding access to public facilities, or litigating against discrimination practices for African Americans. Don't become confused and mistaken about the mission of advocacy. African American people are strong! African American people are survivors! Advocates for African

American people seek to assist and assure equal footing for fair competition.

Become a pebble in oppression's shoe, irritate it until it stops to look and then Open up, Speak out, Take a risk, Refuse to accept privileges associated with oppression and Challenge America to fully represent the "land of the free and the home of the brave." I recently heard a saying that struck my heart, "the smallest flea when strategically placed can bring down the largest dog" (Author Unknown). Strategically place yourself to bring down the walls of tripartite oppression affecting the lives of African American people by advocating against tripartite oppression.

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- "White privilege" cited as key to racial discord. (1998, September 18). *Sandusky Register*, p. A-3.

Recommended readings

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- Boyd-Franklin, N. (1989). *Black families in therapy: A multi-systems approach*. New York: Guilford Press.
- Franklin, J. H. (1974). *From Slavery to Freedom* (4th ed). New York: Alfred A. Knopf.
- Hill, R. B. (1971). *The Strengths of Black families*. New York: Emerson Hall.

Recommended websites

- www.bazelon.org/bazelon/mltog.html (Bazelon Center for Mental Health Law)
- www.shakey.net/advoc.html (Advocacy Watch-dog Group)
- www.imhl.com/advocacyproject.html (Advocacy Watch-dog Group)
- www.nagnotts.demon.co.uk/advocate.htm Foundation of Advocacy for Mental Health, Inc. (518) 434-0439 ext. 22

African American Community Health Advisory Committee (415) 696-4678

www.mhasp.org/policy/advallt.html (Public Policy Information and Advocacy Alerts)
Mental health Assoc. of Southeastern PA \

The Advocacy Project, Granby Community Mental health Group, Liverpool England. Tel
0151-709-9442; Fax: 0151-709-0004

– Jo-Ann Lipford Sanders, Ph.D., LPC, is an assistant professor in the counseling department at Heidelberg College in Tiffin, Ohio. Jo-Ann is a licensed professional counselor in private practice. Her research interests are racial socialization practices for African American girls and the African American family.

How does Cultural Competency differ from Cultural Sensitivity/Awareness?

The idea of more effective cross-cultural capabilities is captured in many terms similar to cultural competence. Cultural knowledge, cultural awareness, and cultural sensitivity all convey the idea of improving cross-cultural capacity, as illustrated in the following definitions:

Cultural Knowledge: Familiarization with selected cultural characteristics, history, values, belief systems, and behaviors of the members of another ethnic group (Adams, 1995).

Cultural Awareness developing sensitivity and understanding of another ethnic group. This usually involves internal changes in terms of attitudes and values. Awareness and sensitivity also refer to the qualities of openness and flexibility that people develop in relation to others. Cultural awareness must be supplemented with cultural knowledge(Adams, 1995).

Cultural Sensitivity Knowing that cultural differences as well as similarities exist, without assigning values, i.e., better or worse, right or wrong, to those cultural differences (National Maternal and Child Health Center on Cultural Competency, 1997).

However, cultural competence, is defined as a set of congruent behaviors, attitudes, and policies that come together in a system, agency, or among professionals and enables that system, agency, or those professionals to work effectively in cross-cultural situations (Cross, Bazron, Dennis, & Isaacs, 1989). Operationally defined, cultural competence is the integration and transformation of knowledge about individuals and groups of people into specific standards, policies, practices, and attitudes used in appropriate cultural settings to increase the quality of health care; thereby producing better health outcomes (Davis, 1997). Cultural competency emphasizes the idea of *effectively* operating in different cultural contexts. Knowledge, sensitivity, and awareness do not include this concept. "This is beyond awareness or sensitivity," says Marva Benjamin of the Georgetown Technical Assistance Center for Children's Mental Health.

Definitions used here can be found in:

Cross T., Bazron, B., Dennis, K., & Isaacs, M. (1989). Towards a Culturally Competent System of Care, Volume I. Washington, D.C.: Georgetown University Child Development Center, CASSP Technical Assistance Center.

Homophobia - The Riddle Scale

What is Homophobia?

In a clinical sense homophobia is defined as an intense, irrational fear of same sex relationships that becomes overwhelming to the person. In common usage, homophobia is the fear of intimate relationships with persons of the same sex. Below are listed 4 negative homophobia levels, and 4 positive levels of attitudes towards LGB relationships / people. They were developed by Dr. Dorothy Riddle, a psychologist from Tucson, Arizona.

Negative(Homophobic) Levels of Attitude

- Repulsion - Homosexuality is seen as a “crime against nature”. LGB persons are sick, crazy, immoral, sinful, wicked, etc. Anything is justified to change them: prison, hospitalization, negative behavior therapy, electroshock therapy, etc.
- Pity - Heterosexual chauvinism. Heterosexuality is more mature and certainly preferred. Any possibility of “becoming straight” should be reinforced, and those who seem to be born “that way” should be pitied, “the poor dears”.
- Tolerance - Homosexuality is just a phase of adolescent development that many people go through and most people “grow out of”. Thus, LGB persons are less mature than “straights” and should be treated with the protectiveness and indulgence one uses with a child. LGB persons should not be given positions of authority because they are still working through their adolescent behavior.
- Acceptance - Still implies there is something to accept. Characterized by such statements as “You’re not lesbian to me, you’re a person!” or “What you do in bed is your own business,” or “That’s fine with me as long as you don’t flaunt it!”

Positive Levels of Attitude

- Support - The basic ACLU position. Work to safeguard the rights of lesbians, gays and bisexuals. People at this level may be uncomfortable themselves, but they are aware of the homophobic climate and irrational unfairness.
- Admiration - Acknowledges that being LGB in our society takes strength. People at this level are willing to truly examine their homophobia, attitudes, values and behaviors.
- Appreciation - Value the diversity of people and see LGB persons as a valid part of that diversity. These people are willing to combat homophobia in themselves and others.
- Nurturance - Assumes that LGB persons are indispensable in our society. They view them with genuine affection and delight, and are willing to be allies and advocates.

Bisexuality: Beyond Gay or Straight

Information about Bisexuality

What is Bisexuality?

There is no universal definition of bisexuality, but many people define bisexuality as the potential to feel emotionally and/or sexually attracted to women and to men. These attractions may or may not lead to sexual relations with women, men or both. A bisexual person may feel equally attracted to each gender, or may feel their attractions are stronger to one gender while still having feelings towards the other gender. Degrees of attraction may vary over time. Self-perception is the key to a bisexual identity. Many people engage in sexual activity with people of both sexes, yet do not identify as bisexual. Likewise, other people engage in sexual relations only with people of one sex, or do not engage in sexual activity at all, yet consider themselves bisexual. There is no “test” to determine whether or not one is bisexual. Each bisexual person is unique and acts on their attractions in a variety of ways. The more bisexual people learn about bisexuality, by reading and meeting with other bisexual people, the more bisexual people gain the freedom to truly be who they are.

Myths about Bisexuality

BISEXUALS DON'T EXIST

Actually, there are over 1000 bisexual groups worldwide. Bisexuals are everywhere. Many bisexuals say they are heterosexual, lesbian or gay because they fear others will not accept or understand their bisexuality.

BISEXUALITY IS JUST A PHASE

Many people are attracted to both women and men and remain that way their entire lives. Some bisexual people go through a period of calling themselves “gay”, “lesbian”, or “heterosexual” before calling themselves “bisexual”. Likewise, some gay men and lesbians call themselves “bisexual” before identifying as “gay” or “lesbian”.

BISEXUALS ARE CONFUSED

Sexuality can be confusing, but bisexuals are no more or less uncertain about their sexuality than heterosexuals, lesbians or gays. Many of today's best known theories about how sexuality works have been developed by bisexuals.

BISEXUALS ARE UNDEPENDABLE LOVERS, PARTNERS AND ACTIVISTS

Bisexuals have been actively involved in all aspects of struggles to end discrimination against lesbians, gays, bisexuals, and transgendered people. Heterosexuals, lesbians and gays are no more or less faithful in relationships than bisexual people.

How Common is Bisexuality?

It is not easy to say how common bisexuality is, since little research has been done on this subject. Most studies on sexuality have focused on heterosexuals or homosexuals. Based on research done by Kinsey in the 1940's and 1950's, as many as 15-25% of women and 33-46% of

men may be bisexual based on their activities or attractions.

Bisexuals are in many ways a hidden population. In our culture, it is generally assumed that a person is heterosexual (this is known as heterosexism), unless there is some reason to assume the person is homosexual (based on stereotypical behaviour or appearance). Because bisexuality does not fit into these standard categories, it tends to be denied or ignored. When it is recognized, bisexuality is often viewed as being “part heterosexual and part homosexual”, rather than being a unique identity.

Bisexuality threatens the accepted way of looking at the world by calling into question the validity of rigid sexual categories, and encourages acknowledgment of the existence of a diverse range of sexuality. Bisexuals are usually assumed to be either heterosexual or homosexual. Many heterosexuals, gays and lesbians are friendly and supportive of bisexuals, yet some are not (biphobia). Bisexuals face discrimination from homophobia and heterosexism and are also affected by internalized homophobia in many of the same ways gays and lesbians are.

Bisexuals and AIDS

AIDS has had a major impact on the gay, lesbian and bisexual community. Bisexual men are often scapegoated as the agents of transmission of AIDS from the gay to the heterosexual population, and bisexual women may be scapegoated as transmitters of AIDS from men to lesbians. However, it is behavior, rather than sexual orientation, that puts people at risk for acquiring the virus that causes AIDS. HIV is transmitted when infected blood, semen or vaginal fluid comes into contact with your bloodstream. Bisexuals, as well as homosexuals and heterosexuals, must educate themselves about safer sex practices, such as the use of condoms and dental dams. Safer sex guidelines can be obtained from health centers and AIDS education and service organizations.

For more information on bisexuality:

The Bisexual Option, 2nd ed. F. Klein, New York: Haworth Press, 1993.

Bisexual Politics: Theories, Queries and Visions, N. Tucker (ed.), Binghamton, N.Y. Haworth Press, 1995.

Bi Any Other Name: Bisexual People Speak Out, Hutchins & Ka'ahumanu (ed.), Boston: Alyson Pub. 1991.

Bisexuality and the Challenge to Lesbian Politics, P.C. Rust, New York: New York University Press, 1995.

Bisexual Identity

Some people believe that a person is born heterosexual, homosexual or bisexual (for instance, because of prenatal hormonal influences), and that sexual orientation is therefore inherent and unchangeable. Others believe that sexual orientation is due to socialization (such as imitating or reflecting parental role models) or conscious choice (such as choosing lesbianism as part of a political feminist identity). Others believe that these factors interact. Because biological, sociological, and cultural factors are different for each person, everyone's sexuality is highly individual, whether they are bisexual, gay, lesbian, or heterosexual. The “value” placed on a

sexual identity should not depend on its cause.

Many people assume bisexuality is just a phase people go through. Humans are diverse, and

individual sexual feelings and behavior may change over time. Bisexuality, like homosexuality or heterosexuality, may be either a transitional step in the process of sexual discovery, or a stable, long-term identity.

For more information contact:

Rainbow Resource Center: Serving Manitoba's Gay, Lesbian, Bisexual, Transgendered and Two-Spirited Communities

Box 1661, Winnipeg, Manitoba R3C 2Z6

Info Line (Winnipeg): (204) 284-5208

Outside of Winnipeg: 1 - 888 - 399-0005

(Toll-free in Manitoba only)

BARRIERS TO ACCESSING HEALTH CARE

Below are barriers to accessing quality, competent health care for gay and bisexual African American men:

- A large number of gay and bisexual men are uninsured.
- Health Care Provider's assumption of client's heterosexuality, consequently no inquiry is made to address the specific risks, health care and/or social support needs of the client.
- Limited funding appropriated for the study of the specific health care needs of gay and bisexual African American men.
- Institutionalized racism, which often prevents clients from accessing or receiving information that other wise is provided unrestricted to white clients.
- Institutionalized homophobia/bi-phobia, coupled with heterosexism creates an environment that is at best negligible and patronizing and at worst, hostile.
- Health Care institutions that identify as "gay."
- Fear of community reactions.
- A lack of knowledge of the culture and lifestyle of these men and their impact on health.
- The linking of STDs with "risk groups" as opposed to "risk behaviors" compounding the already existing stigmatization of these men.

WEB PAGES

Links

Bisexuality

www.biresource.org

Books

www.bookhousecafe.com

www.e_lynnharris.com

www.firebrandbooks.com

www.lambdalit.org

www.mosaicbooks.com

www.newbeacon-books.com

www.insiteoutbooks.com

www.ishaibooks.com

www.technodyke.com/writedyke

write-on-line.co.uk/taboo.htm

Culture

www.egroups.com/group/BLARE

rootwomin@yahoo.com

www.theartroom-sf.com

<http://soulonfire.virtualave.net/>

Health

www.aesm.org

www.azuka.org

www.callen-lorde.org

www.gayhealth.com

www.nmac.org

www.sisterlove.org

www.texashealthguide.com

History

www.blacklightonline.com

www.Blacklist.com

Men

www.Brotha.com

www.gmad.org

www.livedlife.com

www.universalpride.com

Networks

www.afrikan.net

www.blackplanet.com

www.blackstripe.com

www.ChocolateCityUSA.com

www.doth.com/exchangeclub/black_lgbt

www.gay.com

www.glaad.org

www.planetout.com

www.unitedblackwebsite.com

Our Parents

Black Parent's Support Groups

For Those We Love, Washington DC, 301-445-6149

Participant's Handbook

For Those We Love, Washington DC, 301-445-6149
Obsidian, Columbus, OH, 614-463-1183
www.COLAGE.org
www.PFLAG.org

Parenting

www.familypride.org
www.gayparenting.com
www.hellobaby.com
www.surrogatemothers.com

Periodicals

www.clikque.com
www.ezbsnet.com/vleeowens
www.gayellowpages.com
www.gayparenting.com
maleboxdc@yahoo.com
www.outlineschicago.com
www.woaninthemoon.com
www.issues.com

Political

alliance.stuorg.iastate.edu
mask.org.za, Black gays in S. Africa
www.nblglf.org, National Lesbian & Gay Leadership Forum
www.nglftf.org, National Gay & Lesbian Task Force
www.prideagenda.org, NY State
www.zunainstitute.org, National Black Lesbian Conference, 2001

Pride

www.atbla.com
www.atlantapride.org
www.chicagoblackpride.org
www.blackpridenyc.com
www.dcblackpride.org
<http://hometown.aol.com/equalityfl/myhomepage/index.html> Florida Black Pride Network
www.hotterthanjuly.com
www.houston splash.com
www.inthelifeatl.com
<http://ebiz.netopia.com/blackpridemn> Minneapolis/St. Paul Black GLBT Pride
www.unity-pride-splash2000.com

Seniors

GRIOT Circle, Black gays and lesbians over 50.
Call 718-246-2775 Located at the YWCA, 30 Third Avenue, Brooklyn, NY 11217.
SAGE, Senior Action in a Gay Environment, Inc. 305 Seventh Avenue, NYC 10001, call 212-741-2247.

Spiritual

mnmb@bellsouth.net, Spiritual Lighthouse, Atlanta, GA
www.unityfellowship.org
www.wow2K.org, Witness Our Welcome

Youth

www.hmi.org

Participant's Handbook

www.hmi.org
www.q-youth.com
www.youthpridedc.org

Other Popular Black Sites

www.netnoir.com
www.tbwt.com
www.aumagazine.com
www.blackvoices.com
www.bodyinblack.com
www.wanonline.com
www.everythingblack.com
www.afroam.org
www.platform.ne
www.urbansportsnetwork.com
www.losnegroes.com
www.anet-chi.com/~midwest, African fashion
www.billmccreary.com
www.theconduit.com
www.black-collegian.com
www.buppie.com
www.blackplanet.com
www.4bia.com, Black In America
www.blackfacts.com
www.blackmind.com
www.blackworld.com
www.wibo.org, business opportunities
www.umich.edu/~dccab, DC's CyberWorld
www.frankiecrocker.com
www.funkjazzkafe.com
www.sohh.com, HipHop online
www.jazzcentralstation.com
www.jdscomm.com, Jazz Roots
www.keepitreal.com
www.nabsdivers.org, Natl. Assoc. Black Scuba Divers
www.namdnrl.org, Natl. Assoc. Market Dev.
www.bigblackbook.com
www.righton.com
www.ultimatestyle.com
www.urbancalendar.com
www.usafricaonline.com
www.whats411.com
www.wwbol.com, WorldWide Black Online
www.ybeinc.com, Young Black Entrepreneurs

GLOSSARY OF [SEXUAL] TERMS

Ac/Dc Bisexual

Age of consent The legal age at which you are allowed, by law, to have a sexual relation

AIDS Acquired Immuno Deficiency Syndrome

Amoebiasis A throat infection that can be passed on during sex

Anilingus Licking, penetration and arousal of the anus by the tongue

Anti-Fungal Used to treat infections caused by fungus (a sort of mould)

Antibiotics Medicine to treat infections caused by bacteria but not viruses

Antibody Made by the body to fight infections; they show up in blood tests

Areola The dark ring of skin surrounding the nipple

Auto-Sadism An act whereby one inflicts pain on oneself

Auxiliary Intercourse Sexual climax achieved by moving the erect penis back and forth in the armpit

B&D Bondage and Domination

Bacteria Germs that cause infections - can be treated with Antibiotics

Bare Back (Riding) Anal sex without a condom

Bathhouse Sauna

BDSM Bondage, Domination, Sado-Masochism

Bi-Sexual An individual attracted to both sexes

Blow Job The act of oral sex

Body Fluids In men: blood, cum, pre-cum, urine, sweat, tears, spit (HIV is passed on in blood, cum and pre-cum only)

Booster An injection to increase protection against an infection

Bottom The "passive" partner in a relationship (as opposed to Top)

Candidiasis A name for thrush - a fungus that grows on or in the body and mouth

Castration To render the testicles inoperable by surgery

CD4 Cell A blood cell - part of the system the body uses to fight infections

CD4 Count A test to measure how many CD4 cells are being made in the blood

Closeted A person who has not revealed their sexuality to anyone

Coitus Sexual intercourse

Coitus Interruptus Withdrawal of the penis prior to ejaculation

Cold Sore A herpes blister that people can get on the lips or around the mouth

Coming Out The never ending process of becoming aware of one's hom/bisexual sexual orientation, accepting it, acting on it, and telling others about it. People often are partially "out."

Condom A rubber / latex / polyurethane sheath worn on the penis

Corona The rim of flesh that forms the base of the penis head

Crabs Lice that infect the public area of the body

D&S Dominance and Submission

Dental Dam A piece of latex placed over the anus prior to rimming to prevent the transmission of disease

Diagnosed When a test shows if someone has an infection or not

Dildo An artificial penis

Discharge An infectious fluid that comes from a part of the body that has an infection

Doggie Style Sex act performed with passive partner on hands and knees

Drag Queen Male who dresses in (usually outrageous) female clothing

Dry Fuck Moving against one another fully clothed

Eunuch A who has had his testicles removed

Exhibitionist A person who derives sexual pleasure by displaying their body to others

Felching Consuming the resultant semen after anal sex

Fellatio Stimulation of the penis with the mouth

Fetish An object or body part which is normally considered not sexual but which arouses sexual pleasure

Fingering The act of inserting a finger into a partners anus during sex

Fisting Inserting a whole hand into the anus or vagina

Flagellation Whipping or beating to sexual orgasm

Frottage Sexual pleasure derived from rubbing up against another person

Fungal To do with fungus

Fungus A sort of mould that can cause infections usually in warm, moist parts of the body

GBM Gay black male

Gender Is the collection of socio-cultural characteristics traditionally attached to a particular sex. These characteristics include mannerisms, speech patterns, dress, and communication styles by which a culture defines how a person acts to be a man or woman

Gender Roles Are the jobs and activities that a society defines as appropriate for only women, only men, or appropriate for both.

Gender Identity Is how people view themselves and their gender. Most individuals view their gender as matching their sex, but a significant minority of people feel that their gender identity conflicts with the sex of their body. These individuals are thus *transgendered*.

Genitals Sexual organs (vagina or willy and balls)

Gerbilling The urban myth activity of inserting a gerbil or other small rodent into the anus

Give Head To perform oral sex

Glands Parts of the body's immune system found in the armpits, neck and groin. They can become swollen when the body is fighting an infection

Golden Shower One person urinates on another for sexual pleasure

Goose To press a finger into the cleavage of the backside

GP General Practitioner - a name for a family doctor

GU(M) Genito-Urinary (Medicine) - a clinician offering medical help and advice to do with infections of the genitals and bladder

Health Advisor Some working in a GUM clinic who provides information and a chance to talk

Hepatitis An infection of the liver caused by different viruses that can be passed during sex

Hermaphrodite Male or Female who has the genitalia of the opposite sex (whole or part)

Herpes The common name for an infection caused by two types of the herpes simplex virus - can be passed during sex and often causes blisters

Heterosexual Person sexually attracted to someone of the opposite sex

Heterosexism The institutional oppression and discrimination of gay/bisexual people by heterosexuals. The belief that everyone is or should be heterosexual.

HIV Clinic A special part of the GUM clinic or a separate time of day when a clinic carries out HIV tests.

HIV Test The test designed to detect antibodies to the HIV virus (Eliza and Western Blot).

Homophobe Person who intensely dislikes homosexuals

Homosexual Person sexually attracted to someone of the same sex

Horny Sexually aroused

Hustler Male prostitute that searches for clients

Immune When someone cannot get an infection

Immune System The parts of the body that recognize and fight infection

Immunization Usually an injection that protects someone from getting an infection

Immumoglobulin An immunization giving short-lived protection against Hepatitis A

Impotent Unable to engage in sexual intercourse

JO Parties Group masturbation party

Jaundice A symptom of Hepatitis when someone's skin and whites of their eyes go yellow, their urine may also change colour

Jerk/Jack off /JO To masturbate

John One who financially supports another for sexual favors

Lay To perform sexual intercourse

Libido Sexual appetite

Masochism Where sexual gratification is achieved by pain

Masturbation Using ones own hand to reach sexual climax

Non-Specific Not clear, for example non-specific diagnosis isn't clear if the person is infected

Oral Sex Sex involving the mouth

Orgasm Sexual climax

Parasite A very small living organism that lives in or on someone's body

Passive The "receiver" (as opposed to Active)

Pearl Necklace (To Give A) To ejaculate over your partners chest / face

Pederasty Insertion of the penis into the anus

Perineum The area between the anus and testicles / vagina

Pre-Cum The clear fluid that comes from a penis when he is sexually excited

Primary Syphilis The first stage of syphilis

Proctoscope A metal tube used to check infections inside the anus

Rimming using the tongue to stimulate the anus

Rubber A condom

S&M / SM Sadism & Masochism / Sado-Masochism

Sadism Sexual stimulation associated with the desire to inflict pain on another

Salmonellosis A throat infection that can be passed on during sex

Scat Sex involving feces

Screening Checking for infections

Sex is a person's biology (reproductive organs, secondary sexual characteristics such as breasts or beards, etc.). Western societies seek to categorize all people into two traditional categories: females/XX or males/XY.

Sex Worker May include people who trade sex for money, drugs, or money for drugs or life sustaining needs (e.g., shelter, food, etc.); may be street worker or not.

Sexism Any attitude, action or institutional practice that subordinates people because of their gender. Very often as a result of sexism, women are delegated to limited roles and options

Sexual Orientation is also more complex than generally presented. Most commonly sexual orientation defines if a person is attracted to women, men, or both genders. This defines the continuum of attraction from exclusively *homosexual* to exclusively *heterosexual* with *bisexuality* in-between.

Sexual-Cultural Identity Whereas there are some people who have a homosexual orientation and sexual orientation identity, they may still, however, reject the term "gay" or "lesbian" and/or the culture and politics of the more visible gay communities. This is largely a reflection that the rise of an identifiable "gay culture" allows for new expressions of sexuality. Thus, a person may be orientationally homosexual but not gay culturally.

Shigellosis A throat infection that can be passed on during sex

Sixty-Nine Oral sex performed on each other at the same time

Smegma The matter that collects under the foreskin

STD Sexually Transmitted Disease

Sterile Men who are unable to father children / fluids or instruments that are free from bacteria and other germs

STI Sexually Transmitted Infection

Straight Heterosexual

String of Pearls Sperm on the chest / face

Swab An object used to collect bacteria or a virus from a part of the body

Tea Room American term for a Cottage

T-Cell Another name for 'CD4 Cell'

T-Cell Count Another name for 'CD4 Count'

Tertiary Syphilis The third, final and most serious stage of syphilis

T-Helper Cell Another name for 'CD4 Cell'

Top The "active" or dominant person in a relationship (as opposed to Bottom)

Transvestite An individual who is sexually or emotionally stimulated or satisfied by dressing in clothing of the opposite sex

Transsexual Is a term for transgendered people who wish to change their sex to conform to their gender identity via changes in dress, hormone treatments, and/or gender reassignment surgery (sex change operations).

Uncut The uncircumcised penis

Undetectable Viral Load When a blood test shows that levels of HIV have fallen below the level a test can measure. HIV can still be in the blood / cum.

Urethra The duct that runs from the bladder to the tip of the penis

Viral Load The amount of HIV being produced in the body of an infected person

Viral Load Test A test measuring how much HIV is being made in someone's body

Virus A form of infection that cannot be treated with antibiotics

Watersports / WS Sex involving urine or urination

Window Period The time between when someone is infected with HIV and when signs of infection show in the blood (usually less than three months)

BIBLIOGRAPHY

BIBLIOGRAPHY **(Helpful Resources)**

BIBLIOGRAPHY 1

- ◆ Cross Cultural/Educational/Training/Teaching Resources
- ◆ Black Masculinity
- ◆ Black Family Studies
- ◆ Gay and Bisexual Mental/Spiritual Health Issues
- ◆ Gay and Lesbian Studies

BIBLIOGRAPHY 2

- ◆ Journals (Articles)

BIBLIOGRAPHY 3

- ◆ Fiction
- ◆ Non-Fiction

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ACKNOWLEDGMENTS

This body of work could not have been possible without the support and technical assistance of the following individuals:

To Ms. Lora Branch for her activism, vision and bold statement manifested in the production of “Kevin’s Room.”

To Mr. Rashad Burgess, Director of the MOCHA Coalition for entrusting me with this awesome privilege and for taking the time out to review and critique the contents of this work.

To the MOCHA Coalition Representatives for their keen eyesight in identifying the many training points embedded in “Kevin’s Room” which ultimately informed the contents of this Manual.

To Ms. Mardi Fritz and Ms. Mady Colón from The HIV Training Institute (HTI) of the New York City Department of Public Health for their moral and technical support in helping me clearly visualize this task.

To Mr. Ron Branch for his ability to encourage critical thinking and for providing concrete suggestions for both content and form.

To Mr. Kevin Tindell for unselfishly sharing his knowledge and resources around curriculum development.

To Mr. Frank Li from the Chicago Department of Public Health for providing me with “my” own printer and other technical assistance (as needed) which helped to move things along a lot faster.

To Mr. Dwight Hunter, Director of the HIV Training Unit of The Chicago Department of Public Health for his words of encouragement and for his faith in my ability to take on and finish this task

To Mr. Walker Tisdale at the **HIV Training Unit** of The Chicago Department of Public Health for graciously accepting my request to review and critique this body of work

To the training staff from *Linkage Incorporated* for granting me permission to incorporate some of their training resources and materials into this Manual.

To Dr. Neba Ambe and Mr. Bryan Wells from the Office of Management Information Systems at the Chicago Department of Public Health for patiently providing unconditional technical support whenever my computer went astray.

Victor R. Pond
Training Coordinator
MOCHA Coalition
Chicago Department of Public Health

